

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION**

In re:

USA GYMNASTICS,<sup>1</sup>

Debtor.

Chapter 11

Case No. 18-09108-RLM-11

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, OVERVIEW OF  
METHODOLOGY, AND DISCLAIMERS REGARDING  
DEBTOR'S SCHEDULES AND STATEMENT OF FINANCIAL AFFAIRS**

USA Gymnastics, as debtor and debtor in possession in the above-captioned chapter 11 case (“**USAG**” or the “**Debtor**”), hereby files its Schedules of Assets and Liabilities (“**Schedules**”) and Statement of Financial Affairs (“**SOFA**”) in accordance with section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure.

A. The Debtor filed this chapter 11 case (the “**Chapter 11 Case**”) on December 5, 2018 (the “**Petition Date**”). Since the Petition Date, the Debtor and its retained professionals worked diligently to compile and prepare the Debtor’s Schedules and SOFA.

B. James Scott Shollenbarger, Chief Financial Officer of USAG, has signed the Schedules and SOFA. In signing the Schedules and SOFA, Mr. Shollenbarger is attesting to the process used by the Debtor and its retained professionals in gathering and presenting the information set forth in the Schedules and SOFA. Mr. Shollenbarger has not (and could not have) verified the completeness or accuracy of the financial data derived from Debtor’s books and records, including responses, statements and representations concerning assets and liabilities of the Debtor presented in the Schedules and SOFA.

C. Mr. Shollenbarger, the Debtor, its counsel, Omni Management Group, and their respective agents, employees, attorneys, and advisors involved in the compilation and preparation of the Schedules and SOFA (“**Compilers**”) do not guarantee or warrant the accuracy or completeness of the data, responses, statements, and representations that are provided in the Schedules and SOFA, and none of the foregoing shall be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained in the Schedules and SOFA. While reasonable efforts have been made to provide accurate and complete information in the Schedules and SOFA, inadvertent errors or

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<sup>1</sup> The last four digits of the Debtor’s federal tax identification number are 7871. The location of the Debtor’s principal office is 130 E. Washington Street, Suite 700, Indianapolis, Indiana 46204.

omissions may exist. The Compilers expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in the Schedules and SOFA, or to notify any third party should the information be updated, modified, revised, or re-categorized. In no event will the Compilers be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against Debtor or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused, even if the Compilers are advised of the possibility of such damages.

D. In light of the foregoing, the Schedules and SOFA are limited and must be read in connection with, and informed by, the following Global Notes and Statement of Limitations, Overview of Methodology, and Disclaimers Regarding Debtor's Schedules and Statement of Financial Affairs (the "**Global Notes**"), which are incorporated by reference in, and comprise an integral part of, the Schedules and SOFA.

### **Global Notes and Statement of Limitations**

1. **Description of Chapter 11 Case.** The Debtor continues to operate its organization as debtor in possession in this Chapter 11 Case. The Compilers have endeavored to present information in the Schedules and SOFA reported as of the Petition Date. However, there may be certain instances where the Debtor was unable to do so. The Compilers have endeavored to note those circumstances where information is not as of the Petition Date.

2. **Global Notes Control.** These Global Notes pertain to and comprise an integral part of all of the Schedules and SOFA and should be referenced in connection with any review thereof. In the event that the Schedules and SOFA differ from these Global Notes, the Global Notes control.

3. **Reservations and Limitations.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and SOFA; however, as noted above, inadvertent errors or omissions may exist. The Debtor reserves all rights to amend or supplement the Schedules and SOFA as is necessary and appropriate. Nothing contained in the Schedules and/or SOFA constitutes a waiver of any of Debtor's rights or an admission of any kind with respect to the Chapter 11 Case or otherwise. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph.

(a) **No Admission.** Nothing contained in the Schedules and/or SOFA is intended or should be construed as an admission or stipulation of the validity of any claim against Debtor, any assertion made therein or herein, or a waiver of Debtor's rights to dispute any claim or assert any cause of action or defense against any party.

(b) **Recharacterization.** Notwithstanding that the Debtor has made reasonable efforts to correctly characterize, classify, categorize, or designate certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and SOFA, the Debtor nonetheless may have improperly characterized, classified,

categorized, or designated certain items. The Debtor thus reserves all rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and SOFA at a later time as is necessary and appropriate.

(c) **Classification.** Listing (i) a claim on Schedule D as “secured,” (ii) a claim on Schedule F as “unsecured,” or (iii) a contract on Schedule G as “executory” or “unexpired” does not constitute an admission by the Debtor of the legal rights of the claimant or a waiver of the Debtor’s right to recharacterize or reclassify such claim or contract.

(d) **Claims Description.** Due to the timing and circumstances surrounding the filing of the Chapter 11 Case, the Debtor has been unable to verify the validity and amounts of some creditors’ claims, or the creditor claims reflected in the Debtor’s books do not include unprocessed claims, either because processing of invoices was not completed or the Debtor had yet to receive invoices for goods and services. As a result, the Debtor has labeled some claims as disputed, liquidated and/or contingent on the Schedules. Any failure to designate a claim as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by the Debtor that such amount is not “disputed,” “contingent,” or “unliquidated.” The Debtor reserves all rights to dispute, or assert offsets or defenses to, any claim listed on its Schedules on any grounds, including, without limitation, liability or classification, or to otherwise subsequently designate such claims as “disputed,” “contingent,” or “unliquidated” or object to the extent, validity, enforceability, priority, or avoidability of any claim. Moreover, listing a claim does not constitute an admission of liability by the Debtor. The Debtor reserves all rights to amend its Schedules and SOFA as necessary and appropriate, including, but not limited to, with respect to claim description and designation.

(e) **Estimates and Assumptions.** The preparation of the Schedules and SOFA required the Debtor to make reasonable estimates and assumptions with respect to the reported amounts of assets and liabilities, the amount of contingent assets and contingent liabilities on the date of the Schedules and SOFA, and the reported amounts of revenues and expenses during the applicable reporting periods. Actual results could differ from those estimates.

(f) **Causes of Action.** Despite reasonable efforts, the Debtor may not have identified and/or set forth all of its causes of action (filed or potential) against third parties as assets in its Schedules and SOFA, including, without limitation, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant bankruptcy and non-bankruptcy laws to recover assets. The Debtor reserves all rights with respect to any causes of action, and nothing in these Global Notes or the Schedules and SOFA should be construed as a waiver of any such causes of action.

(g) **Insiders.** Where the Schedules and SOFA require information regarding “insiders,” the Debtor has included information with respect to individuals who serve or may have served as officers and directors (or the equivalent) as those terms are used in the Debtor’s Bylaws, as the case may be, during relevant time periods. Such individuals

may no longer serve as an officer or director of the Debtor. The listing of a party as an insider for purposes of the Schedules and SOFA is not intended to be, nor should it be, construed as a legal characterization of such party as an insider and does not act as an admission of any fact, right, claim, or defense, and all such rights, claims and defenses are hereby expressly reserved. Information regarding the individuals listed as “insiders” in the Schedules and SOFA has been included for informational purposes only and such information may not be used for the purposes of determining control of Debtor, the extent to which any individual exercised management responsibilities or functions, corporate decision-making authority over Debtor, or whether such individual could successfully argue that he or she is not an “insider” under applicable law, including the Bankruptcy Code, or with respect to any theories of liability or any other purpose.

### **Overview of Methodology and Disclaimers**

1. **Basis of Presentation.** The Schedules and SOFA do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“GAAP”); nor are they intended to reconcile with the Debtor’s publicly available financial statements. The Schedules and SOFA contain unaudited information that is subject to further review and potential adjustment. The Schedules and SOFA reflect the Compilers’ reasonable efforts to report the assets, liabilities, and financial affairs of the Debtor.

2. **Net Book Value.** In certain instances, current market valuations for individual items of property and other assets are neither maintained by, readily available to, nor ascertainable by the Debtor. Accordingly, unless otherwise indicated, the Schedules and SOFA reflect net book values. Market values may vary, sometimes materially, from net book values. The Debtor does not have the resources, and believes that it would be an inefficient use of estate resources, for the Debtor to obtain the current market values of its assets. Accordingly, the Debtor has indicated in the Schedules and SOFA that the values of certain assets and liabilities are undetermined. Also, assets that have been fully depreciated or that were expensed for accounting purposes either do not appear in the Schedules and SOFA or are listed with a zero-dollar value, as such assets have no net book value. The omission of an asset from the Schedules and SOFA does not constitute a representation regarding the ownership of such asset, and any such omission does not constitute a waiver of any rights of Debtor with respect to such asset.

3. **Property and Equipment.** Unless otherwise indicated, owned property and equipment are valued at net book value. The Debtor may lease certain furniture, fixtures, and equipment from certain third-party lessors. Nothing in the Schedules and SOFA is, or should be construed as, an admission as to the determination of the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and Debtor reserves all rights with respect thereto.

4. **Undetermined Amounts.** The description of an amount as “unknown,” “TBD,” or “undetermined” is not intended to reflect upon the materiality of such amount.

5. **Totals.** All totals that are included in the Schedules and SOFA represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.

6. **Setoffs.** The Debtor routinely incur setoffs and net payments in the ordinary course of operations. Such setoffs and nettings may occur due to a variety of transactions or disputes. It would be unduly burdensome on the Debtor's limited resources to list each such potential transaction, and all such potential setoff claims cannot be reasonably discerned at this time. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not independently accounted for, and as such, are or may be excluded from the Schedules and SOFA. In addition, some amounts listed in the Schedules and Statements may have been affected by setoffs or nettings by third parties of which Debtor was not aware. The Debtor reserves all rights to challenge any setoff and/or recoupment rights that may be asserted.

### **Specific Schedules Disclosures**

7. **Schedule D – Creditors Holding Secured Claims.** The Debtor has not included on Schedule D parties that may believe their claims are secured through setoff rights or inchoate statutory lien rights. All parties listed on Schedule D were compiled using the most recently available information from the Office of the Indiana Secretary of State.

8. **Schedule E – Creditors Holding Unsecured Priority Claims.** The Debtor has not listed on Schedule E its employees that received payment of pre-petition wages pursuant to the Court's *Interim Order Interim Order Granting First Day Motion For An Order (I) Authorizing The Debtor To Pay And Honor Certain Pre-Petition Wages, Benefits, And Other Compensation Obligations; And (Ii) Authorizing Financial Institutions To Honor And Process Checks And Transfers Related To Such Obligations* [Dkt. 58].

9. **Schedule F – Creditors Holding Unsecured Nonpriority Claims.** As of the time of filing of the Schedules and SOFA, the Debtor may not have received all invoices for payables, expenses, and other liabilities that may have accrued prior to the Petition Date. Accordingly, the information contained in Schedules D, E, and F may be incomplete. The Debtor reserves its right, but undertakes no obligation, to amend Schedules D, E, and F if and as they receive invoices and as the Debtor's reviews and audits are completed. Additionally, to protect the identity of the sexual abuse survivors holding claims against the Debtor, the Debtor substituted "Jane Doe" (or variations thereof) in place of such individuals' actual names. In some instances, the Debtor listed the name and address of the counsel representing such individuals. The Debtor also redacted the addresses of certain coaches, employees, and independent contractors.

10. **Schedule G – Executory Contracts.** While every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. The Debtor hereby reserves all of its rights

to dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G and to amend or supplement Schedule G as necessary.

### **Specific SOFA Disclosures**

11. **Questions 1 and 2.** The amounts listed in response to questions 1 and 2 on the Statements have been pulled directly from the Debtor's audited financial statement for the period ending December 31, 2017. They do not represent actual gross revenue and may include items properly and otherwise excluded on other public reporting.

12. **Question 7.** In response to question 7 on the SOFA, the Debtor restates and incorporate by reference the disclaimer listed under Section 3(f) of the Global Notes and Statement of Limitations above.

13. **Questions 28 and 29.** For purposes of identifying officers and directors, the Debtor referred to the manner in which those terms are used in its Bylaws. Some of the individuals listed in response to questions 28 and 29 no longer serve as an officer or director of the Debtor. The listing of a party as an officer or director for purposes of the Schedules and SOFA is not intended to be, nor should it be, construed as a legal characterization of such party as an insider and does not act as an admission of any fact, right, claim, or defense, and all such rights, claims and defenses are hereby expressly reserved. The individuals have been included for informational purposes only and such information may not be used for the purposes of determining control of Debtor or the extent to which any individual exercised management responsibilities or functions, corporate decision making authority over the Debtor.

Dated: January 18, 2018

Respectfully submitted,

**JENNER & BLOCK LLP**

By: /s/ Catherine Steege

Catherine L. Steege (admitted *pro hac vice*)

Dean N. Panos (admitted *pro hac vice*)

Melissa M. Root (#24230-49)

353 N. Clark Street

Chicago, Illinois 60654

(312) 923-2952

[csteege@jenner.com](mailto:csteege@jenner.com)

[dpanos@jenner.com](mailto:dpanos@jenner.com)

[mroot@jenner.com](mailto:mroot@jenner.com)

*Counsel for the Debtor*

Debtor Name **USA Gymnastics**  
**United States Bankruptcy Court for the Southern District of Indiana**  
Case number (if known): **18-09108**

☐ Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets - Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from *Schedule A/B*..... \$77,795.84

**1b. Total personal property:**

Copy line 91A from *Schedule A/B*..... \$7,062,885.08

**1c. Total of all property:**

Copyline 92 from *Schedule A/B*..... \$7,140,680.92

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D..... \$272,035.33

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total of amounts of priority unsecured claims:**

Copy the total claims from Part 1 from the line 5a of *Schedule E/F*..... \$0.00

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total amount of claims from Part 2 from line 5b of *Schedule E/F*..... + \$1,647,152.91

**4. Total liabilities** .....

Lines 2 + 3a + 3b \$1,919,188.24



Debtor Name **USA Gymnastics**

United States Bankruptcy Court for the Southern District of Indiana

Case number (if known): **18-09108**☐ Check if this is an amended filingOfficial Form 206A/B**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be complete and accurate as possible. If more space is needed, attach a separate spreadsheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

**All cash of cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1	PNC Bank	Merchandise Account Checking	0228	\$23,243.36
3.2	PNC Bank	Operating Account Checking	7647	\$4,052,047.58
3.3	PNC Bank	Payroll Account Depository Account	8792	\$4,340.05
3.4	PNC Bank	P-Card Collateral Account Depository Account	2009	\$400,000.00
3.5	PNC Bank	USA Gymnastics Athlete Account Depository Account	3829	\$0.00

**4. Other cash equivalents****5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$4,479,630.99****Part 2: Deposits and prepayments**



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**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

**Current value of  
debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1	Endurance U.S. Insurance		Unknown
8.2	AAI	Effective Date(s): 08/08/2019 & 2019 Championships	\$1,876.00
8.3	American Specialty	Effective Date(s): 01/01/2019	\$213,409.00
8.4	Cision	Effective Date(s): 11/01/2018-10/31/2019	\$6,666.66
8.5	FIG	Effective Date(s): 2019 American Cup	\$17,530.50
8.6	Global Spectrum	Effective Date(s): Event-July 19, 2018 & Stars & Stripes 2019	\$17,000.00
8.7	Indianapolis Public School	Effective Date(s): 02/24/2019	\$793.00
8.8	Integro	Effective Date(s): 01/01/2019	\$548.96
8.9	Mail Finance	Effective Date(s): 12/1/18-2/28/19	\$471.04
8.10	Maxient	Effective Date(s): 04/20/2018	\$6,250.00
8.11	NFP Property & Casualty	Effective Date(s): 10/26/2018-10/26/2019	\$4,661.66
8.12	SMG-Rhode Island Cov Ctr	Effective Date(s): 8/1/19-8/4/19	\$3,000.00
8.13	SMG RI Convention Center	Effective Date(s): 2019 Reg 6 Fac Rent	\$3,000.00
8.14	Sports Graphics	Effective Date(s): 3/2/2019 & 2019 American Cup	\$20,152.26
8.15	The Hartford	Effective Date(s): 01/01/2019	\$855.75
8.16	The Registration System LLC	Effective Date(s): 2019 Championships	\$1,012.50
8.17	Van Ausdall & Farrar	Effective Date(s): 9/25/18-9/24/19	\$2,778.56

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**9. Total of Part 2**

Add lines 7 through 8. Copy the total to line 81.

**\$300,005.89****Part 3: Accounts Receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less:		-		=	
	face amount			doubtful or uncollectible accounts	
11b. Over 90 days old:	\$3,892.05	-	\$0.00	=	\$3,892.05
	face amount			doubtful or uncollectible accounts	

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$3,892.05****Part 4: Investments****13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
- ☒ Yes. Fill in the information below.

Valuation method used for current value	Current value of debtor's interest
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**14. Mutual funds of publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 See attached Schedule A/B Exhibit 16	\$1,654,320.00
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**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: % of ownership:

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1 See attached Schedule A/B Exhibit 16	Market Value	\$197,656.00
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**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

**\$1,851,976.00****Part 5: Inventory, excluding agricultural assets****18. Does the debtor own any inventory (excluding agricultural assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw Materials</b>				
<b>20. Work in progress</b>				
<b>21. Finished goods, including goods held for resale</b>				
21.1 Finished Goods				\$107,108.15
<b>22. Other inventory or supplies</b>				

**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

**\$107,108.15****24. Is any of the property listed in Part 5 perishable?**

- ☒ No.
- ☐ Yes.

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No.
- ☐ Yes. Book Value \$ \_\_\_\_\_ Valuation Method \_\_\_\_\_ Current Value \$ \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

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☒ No.☐ Yes.**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
28. Crops - either planted or harvested			
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6 Add lines 28 through 32. Copy the total to line 85.			

34. Is the debtor a member of an agricultural cooperative?

☒ No.☐ Yes.

Is any of the debtor's property stored at the cooperative?

☐ No.☐ Yes.

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35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☐ No.☐ Yes. Book Value \$ \_\_\_\_\_ Valuation Method \_\_\_\_\_ Current Value \$ \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?

☐ No.☐ Yes.

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☐ No.☐ Yes.**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description		Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
39. Office furniture				
39.1	Office Furniture	\$18,269.10	Net Book Value	\$18,269.10
40. Office fixtures				
41. Office equipment, including all computer equipment and communication systems equipment and software				
41.1	Office Equipment	\$288,432.90	Net Book Value	\$288,432.90
42. Collectibles				
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles				
42.1	Posters and Miscellaneous Sports Related Memorabilia			Unknown
43. Total of Part 7.				
Add lines 39 through 42. Copy the total to line 86.				<b>\$306,702.00</b>

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44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No.☒ Yes.

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No.☐ Yes.**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			
52. Is a depreciation schedule available for any of the property listed in Part 8?			

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☐ No.☐ Yes.

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☐ No.☐ Yes.**Part 9: Real property**

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.1	130 E Washington Street, Suite 700 Indianapolis, IN 46204	Property Lease	\$0.00	Unknown	\$0.00
55.2	Leasehold Improvements		\$77,795.84	Net Book Value	\$77,795.84

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$77,795.84**

57. Is a depreciation schedule available for any of the property listed in Part 9?

☐ No.☒ Yes.

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?



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☒ No.☐ Yes.**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
<b>60. Patents, copyrights, trademarks, or trade secrets</b>			
<b>61. Internet domain names and websites</b>			
61.1 See attached Schedule A/B Exhibit	Unknown	Unknown	Unknown
<b>62. Licenses, franchises, and royalties</b>			
<b>63. Customer lists, mailing lists, or other compilations</b>			
63.1 Database of athletes, judges, coaches, member clubs, and others businesses	Unknown	Unknown	Unknown
<b>64. Other intangibles, or intellectual property</b>			
64.1 Technical materials for sale on Amazon, Apple, and Youtube	Unknown	Unknown	Unknown
<b>65. Goodwill</b>			

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**67. Do your lists or records include personally identifiable information of customers?**☐ No.☒ Yes.

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68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No.☐ Yes.

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No.☐ Yes.**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

☐ No. Go to Part 12.☒ Yes. Fill in the information below.**Current value of  
debtor's interest****71. Notes receivable**

Description (include name of obligor)

	-	=
Total face amount	Doubtful or uncollectible amount	

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

72.1	Est Tax Deposit Carryforward	2017	\$823.00
72.2	UBIT NOL Carryforward	2017	\$8,947.00
72.3	UBIT Estimated Tax Deposit	2016	\$3,800.00

**73. Interests in insurance policies or annuities**

The Debtor has a property interest in: (1) its current insurance policies and its rights under those policies; (b) any prior insurance policies of the Debtor and its rights under those policies; and (3) any insurance policies under which the Debtor is or was a third party beneficiary or named an additional insured.

**74. Causes of action against third parties (whether or not a lawsuit has been filed)****Nature of claim****Amount Requested****75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Debtor USA Gymnastics

Case Number (if known) 18-09108

**Nature of claim**

**Amount Requested**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed**

Examples: Season tickets, country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$13,570.00**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☐ No.

☒ Yes.

Debtor USA Gymnastics

Case Number (if known) 18-09108

**Part 12: Summary**

Type of property		Current value of personal property	Current value of real property
80.	<b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	<b>\$4,479,630.99</b>	
81.	<b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$300,005.89</b>	
82.	<b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$3,892.05</b>	
83.	<b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$1,851,976.00</b>	
84.	<b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$107,108.15</b>	
85.	<b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>		
86.	<b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$306,702.00</b>	
87.	<b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>		
88.	<b>Real Property.</b> <i>Copy line 56, Part 9.</i>		<b>\$77,795.84</b>
89.	<b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>		
90.	<b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$13,570.00</b>	
91.	<b>Total.</b> Add lines 80 through 90 for each column.	91a. <b>\$7,062,885.08</b>	<b>+</b> 91b. <b>\$77,795.84</b>
92.	<b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92.....		<b>\$7,140,680.92</b>

## **SCHEDULES OF ASSETS AND LIABILITIES**

### **EXHIBIT FOR SCHEDULE A/B PART 10, QUESTION 61**

#### **INTERNET DOMAIN NAMES AND WEBSITES**

## USA Gymnastics

Case No. 18-09108

## Schedule A/B Exhibit: 61. Internet domain names and websites

General Description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
<b>Social Media Sites</b>			
<a href="https://www.facebook.com/USAGymnastics/">https://www.facebook.com/USAGymnastics/</a>	Unknown	None	Unknown
<a href="https://www.facebook.com/USAGymMemberServices/">https://www.facebook.com/USAGymMemberServices/</a>	Unknown	None	Unknown
<a href="https://twitter.com/USAGym">https://twitter.com/USAGym</a>	Unknown	None	Unknown
<a href="https://twitter.com/USAGymSafeSport">https://twitter.com/USAGymSafeSport</a>	Unknown	None	Unknown
<a href="https://www.instagram.com/usagym/">https://www.instagram.com/usagym/</a>	Unknown	None	Unknown
<a href="https://www.linkedin.com/company/usa-gymnastics/">https://www.linkedin.com/company/usa-gymnastics/</a>	Unknown	None	Unknown
<b>Internet Domains</b>			
<a href="http://americancup.com/">http://americancup.com/</a>	Unknown	None	Unknown
<a href="http://gymnasticsday.com/">http://gymnasticsday.com/</a>	Unknown	None	Unknown
<a href="http://gymnasticsfoundation.org/">http://gymnasticsfoundation.org/</a>	Unknown	None	Unknown
<a href="http://jonationals.com/">http://jonationals.com/</a>	Unknown	None	Unknown
<a href="http://pacrimchamps.com/">http://pacrimchamps.com/</a>	Unknown	None	Unknown
<a href="http://usagymchamps.com/">http://usagymchamps.com/</a>	Unknown	None	Unknown
<a href="http://usagymclassic.com/">http://usagymclassic.com/</a>	Unknown	None	Unknown
<a href="http://usagymcollegiatechamps.com/">http://usagymcollegiatechamps.com/</a>	Unknown	None	Unknown
<a href="http://usagymcongress.com/">http://usagymcongress.com/</a>	Unknown	None	Unknown
<a href="http://usagymeastern.com/">http://usagymeastern.com/</a>	Unknown	None	Unknown
<a href="http://usagymforms.com/">http://usagymforms.com/</a>	Unknown	None	Unknown
<a href="http://usagymjudges.com/">http://usagymjudges.com/</a>	Unknown	None	Unknown
<a href="http://usagymlegacy.com/">http://usagymlegacy.com/</a>	Unknown	None	Unknown
<a href="http://usagymmedia.com/">http://usagymmedia.com/</a>	Unknown	None	Unknown
<a href="http://usagymparents.com/">http://usagymparents.com/</a>	Unknown	None	Unknown
<a href="http://usagymprogressreport.com/">http://usagymprogressreport.com/</a>	Unknown	None	Unknown
<a href="http://usagymwestern.com/">http://usagymwestern.com/</a>	Unknown	None	Unknown
<a href="http://usagymworlds.com/">http://usagymworlds.com/</a>	Unknown	None	Unknown
<a href="http://usgymchampionships.com/">http://usgymchampionships.com/</a>	Unknown	None	Unknown
<a href="http://wintercup.com/">http://wintercup.com/</a>	Unknown	None	Unknown
<a href="http://www.uwagym.org">http://www.uwagym.org</a>	Unknown	None	Unknown

## **SCHEDULES OF ASSETS AND LIABILITIES**

### **EXHIBIT FOR SCHEDULE A/B PART 4, QUESTION 16**

#### **GOVERNMENT BONDS, CORPORATE BONDS, AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS**



SHARES(UNITS)	TICKER / CUSIP	SECURITY DESCRIPTION	MAT DATE	COUPON	MARKET VALUE	TAX COST	ANNUAL DIVIDEND	ANNUAL INCOME	YIELD	% OF TOTAL
50,000	02079KAA5	ALPHABET INC	5/19/2021	3.62	50,585	50,872		1,812	3.6%	2.7%
50,000	037833DJ6	APPLE INC	11/13/2020	2.00	49,012	49,063		1,000	2.0%	2.6%
100,000	084664BZ3	BERKSHIRE HATHAWAY FIN	10/15/2020	2.90	99,900	103,152		2,900	2.9%	5.4%
50,000	30231GAJ1	EXXON MOBIL CORPORATION	3/6/2022	2.40	48,476	48,536		1,198	2.5%	2.6%
250,000	3130A7CV5	FEDERAL HOME LOAN BANK	2/18/2021	1.38	242,032	247,567		3,438	1.4%	13.1%
250,000	3130A8QS5	FEDERAL HOME LOAN BANK	7/14/2021	1.12	239,415	241,762		2,812	1.2%	12.9%
250,000	3135G0Q89	FEDERAL NATL MTG ASSN	10/7/2021	1.38	239,788	246,287		3,438	1.4%	12.9%
150,000	3135G0S38	FEDERAL NATL MTG ASSN	1/5/2022	2.00	146,174	146,050		3,000	2.1%	7.9%
50,000	3135G0T29	FEDERAL NATL MTG ASSN	2/28/2020	1.50	49,218	49,124		750	1.5%	2.7%
50,000	3135G0T94	FEDERAL NATL MTG ASSN	1/19/2023	2.38	48,998	48,698		1,188	2.4%	2.6%
50,000	478160BM5	JOHNSON & JOHNSON	12/5/2019	1.88	49,469	49,576		938	1.9%	2.7%
50,000	594918BH6	MICROSOFT CORP	11/3/2022	2.65	48,835	49,008		1,325	2.7%	2.6%
50,000	717081DH3	PFIZER INC	6/15/2023	3.00	49,372	49,432		1,500	3.0%	2.7%
100,000	912828G95	USA TREASURY NOTE	12/31/2019	1.63	98,789	98,641		1,625	1.6%	5.3%
100,000	912828S43	USA TREASURY NOTES	7/15/2019	0.75	98,867	98,567		750	0.8%	5.3%
50,000	931142EG4	WALMART INC	6/23/2020	2.85	49,904	50,072		1,425	2.9%	2.7%
243,144	999809684	PNC GOVT.			243,144	243,144	0.02	5,378	2.2%	13.1%
<b>Grand Total</b>					<b>1,851,976</b>	<b>1,869,550</b>		<b>34,477</b>	<b>1.9%</b>	<b>100.0%</b>



## Disclosure

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This report includes all PNC accounts of which you individually are the sole or joint owner, as well as other PNC accounts ("Non-Ownership Accounts"), if any, in which you have an interest (for example as a fiduciary, such as a trustee or executor, or beneficiary of a trust) or for which you are the authorized party to act on behalf of the owner or otherwise have been authorized to see information. Accordingly, this report may include information regarding one or more Non-Ownership Accounts. This means that the information available to you may reflect both assets of which you are a sole or joint owner and the assets of those Non-Ownership Accounts, where you may not directly own the trust or other account assets and may not be entitled to receive the income from the trust or other account. Indices included in this report are for purposes of comparing your returns to the returns on a broad-based index of securities believed to be comparable to the types of securities held in your account(s). Blended Benchmarks- A time weighted return will calculate the actual weight for each asset class and use the benchmark return for those asset classes to derive the return.

Debtor Name **USA Gymnastics**

United States Bankruptcy Court for the Southern District of Indiana

Case number (if known): **18-09108**☐ Check if this is an amended filing**Official Form 206D****Schedule D - Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim	
<b>2.1</b>	<b>Creditor's name</b> <b>AON PREMIUM FINANCE LLC</b> <b>Creditor's mailing address</b> <b>200 E RANDOLPH ST</b> <b>CHICAGO, IL 60601</b>  <b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>UNEARNED INSURANCE PREMIUM DUE UNDER THE LLOYDS UMBRELLA POLICY BO595XL5500018029</b>  <b>Describe the lien</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$222,285.00</b>	<b>UNKNOWN</b>
<b>2.2</b>	<b>Creditor's name</b> <b>THE PNC FINANCIAL SERVICES GROUP</b> <b>Creditor's mailing address</b> <b>D/B/A PNC BANK, N.A.</b> <b>ATTN: DOUGLAS MUNDELL, SR. COUNSEL</b> <b>300 FIFTH AVENUE</b> <b>PITTSBURGH, PA 15222</b>  <b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b> <b>7647</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Describe debtor's property that is subject to a lien</b> <b>PNC OPERATING ACCT</b>  <b>Describe the lien</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$30,310.33</b>	<b>\$400,000.00</b>

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.****\$272,035.33**

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Amount of Claim**  
Do not deduct the  
value of collateral**Value of collateral  
that supports this  
claim****2.3****Creditor's name**

SHARP BUSINESS SYSTEMS

**Describe debtor's property that is subject to a lien**

PRINTING EQUIPMENT

\$19,440.00

UNKNOWN

**Creditor's mailing address**ATTN: MIKE BOWMAN  
7330 E. 86TH STREET  
INDIANAPOLIS, IN 46256**Describe the lien****Creditor's email address, if known****Date debt was incurred****Last four digits of  
account number****Do multiple creditors have an interest in the same  
property?**☒ No☐ Yes. Have you already specified the relative  
priority?☒ No. Specify each creditor, including this creditor,  
and its relative priority.☐ Yes. The relative priority of creditors is specified on  
lines**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**☐ Contingent☐ Unliquidated☐ Disputed

Debtor Name **USA Gymnastics**

United States Bankruptcy Court for the Southern District of Indiana

Case number (if known): **18-09108**☐ Check if this is an amended filing

## Official Form 206E/F

**Schedule E/F - Creditors Who Have Claims Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?**

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<b>2.1</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$_____	\$_____
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim:	
Date or dates debt was incurred		
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )		

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> A-1 AWARDS INC. 2500 NORTH RITTER AVENUE INDIANAPOLIS, IN 46218  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$833.75</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 24019 11/16/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> A-1 AWARDS INC. 2500 NORTH RITTER AVENUE INDIANAPOLIS, IN 46218  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$1,149.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 24126 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> ABOOD LAW FIRM RE: MILLER ATTN: ANDREW P. ABOOD 246 EAST SAGINAW ST, STE 1 EAST LANSING, MI 48823  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> ACKMAN, MARY LOU 1939 BUTLER DR BARTLETT, IL 60103  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$197.29</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV DEVO CAMP EXP 11/14/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> ACKMAN, MARY LOU 1939 BUTLER DR BARTLETT, IL 60103  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV DEVO CAMP HONOR 11/14/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> ACKMAN, MARY LOU 1939 BUTLER DR BARTLETT, IL 60103  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 EXP 12/20/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.57</b>
<b>3.7</b>	<b>Nonpriority creditor's name and mailing address</b> ACKMAN, MARY LOU 1939 BUTLER DR BARTLETT, IL 60103  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 HONOR 12/20/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
<b>3.8</b>	<b>Nonpriority creditor's name and mailing address</b> AFLAC 1932 WYNNNTON ROAD COLUMBUS, GA 31999  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> FIDELITY - 12/14 P/R 12/13/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.28</b>



Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.9</b>	<b>Nonpriority creditor's name and mailing address</b> AHSINGER, NICOLE 406 SUMMERLAND KEY LANE LAFAYETTE, LA 70508  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMP EXPENSE 11/6/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24.00</b>
<b>3.10</b>	<b>Nonpriority creditor's name and mailing address</b> ALLRED MAROKO & GOLDBERG RE: JANE PCNE DOE ATTN: GLORIA ALLRED ATTN: NATHAN GOLDBERG 6300 WILSHIRE BLVD, 1500 LOS ANGELES, CA 90048  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>UNKNOWN</b>
<b>3.11</b>	<b>Nonpriority creditor's name and mailing address</b> ALVAREZ, YIN ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> L10 JR CAMP HONOR 12/5/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.00</b>
<b>3.12</b>	<b>Nonpriority creditor's name and mailing address</b> ALVEY, CANDACE 178 TRAIL LOOP DR UNIT 204 PADUCAH, KY 42001  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/30 EXPENSE 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3.50</b>

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Amount of claim

<b>3.13</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$100.00</b>
	ALVEY, CANDACE 178 TRAIL LOOP DR UNIT 204 PADUCAH, KY 42001	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> JCI 11/30 HONOR 11/30/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.14</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$62,116.24</b>
	AMERICAN ATHLETIC, INC SUNTRUST BANKS, INC. PO BOX 116847 ATLANTA, GA 30368-6847	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> 313025 11/6/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.15</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>UNKNOWN</b>
	ANDERSON AGOSTINO & KELLER, PC RE: A.A.K. DOE ATTN: MICHAEL P. MISCH 131 SOUTH TAYLOR ST SOUTH BEND, IN 46601	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.16</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>UNKNOWN</b>
	ANDRUS ANDERSON LLP RE: FREDERICK ATTN: LORI E ANDRUS ATTN: JENNIE LEE ANDERSON 155 MONTGOMERY ST, STE 900 SAN FRANCISCO, CA 94104	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

<b>3.17</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>UNKNOWN</b>
	ANDRUS WAGSTAFF, PC RE: JANE KR DOE ATTN: KIMBERLY DOUGHERTY 19 BELMONT ST SOUTH EASTON, MI 02375	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.18</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$244.91</b>
	ARAMARK REFRESHMENT SERVICES 8435 GEORGETOWN RD. #100 INDIANAPLOIS, IN 46268	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> 7088210 1/2/2019	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.19</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$33.67</b>
	ARKELL, STEVE 903 SILVER SPRUCE ST SAN ANTONIO, TX 78232	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> TOPS A 2018 EXPENSE 12/4/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.20</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$2,000.00</b>
	ARKELL, STEVE 903 SILVER SPRUCE ST SAN ANTONIO, TX 78232	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> TOPS A 2018 HONOR 12/4/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

<b>3.21</b>	<b>Nonpriority creditor's name and mailing address</b> ASHE, MICHAEL 1262 64TH ST. EMERYVILLE, CA 94608	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018	<b>\$1,000.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.22</b>	<b>Nonpriority creditor's name and mailing address</b> ASTOIAN, ARMEN N ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV EXPEN 11/18/2018	<b>\$221.39</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.23</b>	<b>Nonpriority creditor's name and mailing address</b> ASTOIAN, ARMEN N ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV HONOR 11/18/2018	<b>\$2,000.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.24</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLECTICO LLC PO BOX 74007019 CHICAGO, IL 60674	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 815875 7/31/2018	<b>\$800.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

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Amount of claim

<b>3.25</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLECTICO LLC PO BOX 74007019 CHICAGO, IL 60674  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 816106 8/31/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
<b>3.26</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLECTICO LLC PO BOX 74007019 CHICAGO, IL 60674  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 816375 10/15/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
<b>3.27</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLECTICO LLC PO BOX 74007019 CHICAGO, IL 60674  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 816845 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$975.00</b>
<b>3.28</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 1 - MEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,480.30</b>

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Amount of claim

<b>3.29</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 1 - RHYTHMIC 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,492.50</b>
<b>3.30</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 1 - T&T 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,309.10</b>
<b>3.31</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 1 - WOMEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,166.10</b>
<b>3.32</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 2 - MEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,938.20</b>

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Amount of claim

<b>3.33</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 2 - RHYTHMIC 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$926.10</b>
<b>3.34</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 2 - T&T 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,986.00</b>
<b>3.35</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 2 - WOMEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,388.10</b>
<b>3.36</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 3 - MEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,325.40</b>



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Amount of claim

<b>3.37</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 3 - RHYTHMIC 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,372.00</b>
<b>3.38</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 3 - T&T 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,945.40</b>
<b>3.39</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 3 - WOMEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,114.00</b>
<b>3.40</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 4 - MEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,917.80</b>

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Amount of claim

<b>3.41</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 4 - RHYTHMIC 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,060.00</b>
<b>3.42</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 4 - T&T 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,573.40</b>
<b>3.43</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 4 - WOMEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,314.20</b>
<b>3.44</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 5 - MEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,823.30</b>

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Amount of claim

<b>3.45</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$1,599.20</b>
	ATHLETE REBATE REGION 5 - RHYTHMIC 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	Date or dates debt was incurred	ATHLETE REBATES TO STATE AND REGION	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.46</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$3,365.30</b>
	ATHLETE REBATE REGION 5 - T&T 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	Date or dates debt was incurred	ATHLETE REBATES TO STATE AND REGION	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.47</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$46,190.70</b>
	ATHLETE REBATE REGION 5 - WOMEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	Date or dates debt was incurred	ATHLETE REBATES TO STATE AND REGION	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.48</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$2,923.20</b>
	ATHLETE REBATE REGION 6 - MEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	Date or dates debt was incurred	ATHLETE REBATES TO STATE AND REGION	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.49</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 6 - RHYTHMIC 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,674.10</b>
<b>3.50</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 6 - T&T 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,658.60</b>
<b>3.51</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 6 - WOMEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,713.10</b>
<b>3.52</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 7 - MEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,296.60</b>

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.53</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 7 - WOMEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$41,862.70</b>
<b>3.54</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 8 - MEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,341.50</b>
<b>3.55</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 8 - WOMEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$52,175.30</b>
<b>3.56</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETE REBATE REGION 9 - MEN'S 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ATHLETE REBATES TO STATE AND REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,061.40</b>

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.57</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETICO, LTD 625 ENTERPRISE DRIVE OAKBROOK, IL 60523  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 815875 12/20/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
<b>3.58</b>	<b>Nonpriority creditor's name and mailing address</b> ATHLETICO, LTD 625 ENTERPRISE DRIVE OAKBROOK, IL 60523  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 816106 12/20/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
<b>3.59</b>	<b>Nonpriority creditor's name and mailing address</b> AXIA TECHNOLOGY PARTNERS 151 N DELAWARE ST SUITE 1750 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 169881 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,960.74</b>
<b>3.60</b>	<b>Nonpriority creditor's name and mailing address</b> AXIA TECHNOLOGY PARTNERS 151 N DELAWARE ST SUITE 1750 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 170196 12/31/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$958.28</b>

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.61</b>	<b>Nonpriority creditor's name and mailing address</b> BAGGETT, MEGAN 3434 CRAYRICH DRIVE HOOVER, AL 35226  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV HONOR 11/14/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
<b>3.62</b>	<b>Nonpriority creditor's name and mailing address</b> BAGGETT, MEGAN 3434 CRAYRICH DRIVE HOOVER, AL 35226  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 HONOR 12/20/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
<b>3.63</b>	<b>Nonpriority creditor's name and mailing address</b> BAKER, DANIEL ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV NT CAMP '18 HON 11/28/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,200.00</b>
<b>3.64</b>	<b>Nonpriority creditor's name and mailing address</b> BAKER, DANIEL ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV NT CAMP EXPENSE 11/28/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$145.06</b>

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.65</b>	<b>Nonpriority creditor's name and mailing address</b> BALERUD, LAURIE 5151 W. 29TH ST. #411 GREELY, CO 80634	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 DEV EXPENSE 11/14/2018	<b>\$202.87</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.66</b>	<b>Nonpriority creditor's name and mailing address</b> BALERUD, LAURIE 5151 W. 29TH ST. #411 GREELY, CO 80634	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 DEV HONOR 11/14/2018	<b>\$1,000.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.67</b>	<b>Nonpriority creditor's name and mailing address</b> BALERUD, LAURIE 5151 W. 29TH ST. #411 GREELY, CO 80634	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 EXP 12/20/2018	<b>\$197.88</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.68</b>	<b>Nonpriority creditor's name and mailing address</b> BALERUD, LAURIE 5151 W. 29TH ST. #411 GREELY, CO 80634	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 HONOR 12/20/2018	<b>\$250.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.69</b>	<b>Nonpriority creditor's name and mailing address</b> BARNARD, TERESA 1250 NATOMA WAY UNIT C OCEANSIDE, CA 92057	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 8/18 HONOR/PD 8/18/2018	<b>\$65.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.70</b>	<b>Nonpriority creditor's name and mailing address</b> BARUTYAN-FONG, ARMINE ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JR PAN AM EXPENSE 6/17/2018	<b>\$95.70</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.71</b>	<b>Nonpriority creditor's name and mailing address</b> BARUTYAN-FONG, ARMINE ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SR PANAM EXPENSE 9/17/2018	<b>\$381.25</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.72</b>	<b>Nonpriority creditor's name and mailing address</b> BARUTYAN-FONG, ARMINE ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLD CHAMPS EXPENSE 11/4/2018	<b>\$542.09</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.73</b>	<b>Nonpriority creditor's name and mailing address</b> BARUTYAN-FONG, ARMINE ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLD OPGOLD/MTEAM 11/30/2018	<b>\$11,333.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.74</b>	<b>Nonpriority creditor's name and mailing address</b> BARUTYAN-FONG, ARMINE ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLDS CLUB SUPPORT 11/13/2018	<b>\$1,000.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.75</b>	<b>Nonpriority creditor's name and mailing address</b> BAXTER, DANIELLE 56 TUXETTE ROAD THORNTON, NH 03285	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/10 EXPENSE 11/10/2018	<b>\$101.78</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.76</b>	<b>Nonpriority creditor's name and mailing address</b> BAXTER, DANIELLE 56 TUXETTE ROAD THORNTON, NH 03285	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/10 HONOR 11/10/2018	<b>\$50.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.77</b>	<b>Nonpriority creditor's name and mailing address</b> BENCHMARK REHABILITATION PARTNERS PO BOX 2314 OOLTEWAH, TN 37363	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> USA-003 10/15/2018	<b>\$960.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.78</b>	<b>Nonpriority creditor's name and mailing address</b> BENCHMARK REHABILITATION PARTNERS PO BOX 2314 OOLTEWAH, TN 37363	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> USA-004 11/19/2018	<b>\$960.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.79</b>	<b>Nonpriority creditor's name and mailing address</b> BENCHMARK REHABILITATION PARTNERS PO BOX 2314 OOLTEWAH, TN 37363	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> USA-005 11/21/2018	<b>\$1,537.50</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.80</b>	<b>Nonpriority creditor's name and mailing address</b> BENCHMARK REHABILITATION PARTNERS PO BOX 2314 OOLTEWAH, TN 37363	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> USA-006 11/27/2018	<b>\$2,400.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.81</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$840.00</b>
	BENCHMARK REHABILITATION PARTNERS PO BOX 2314 OOLTEWAH, TN 37363	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> USA-006C 11/19/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.82</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>UNKNOWN</b>
	BERG & ANDROPHY RE: BMK TRAINING FACILITIES, LTD, ET AL ATTN: DAVID H. BERG ATTN: JOEL M. ANDROPHY 3704 TRAVIS ST HOUSTON, TX 77002	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.83</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$44.00</b>
	BLILIE, MARILYN 5919 MAHOTEA BOONE TR. WESTLAKE, TX 76262	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> JCI 10/24 EXPENSE 10/24/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.84</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$100.00</b>
	BLILIE, MARILYN 5919 MAHOTEA BOONE TR. WESTLAKE, TX 76262	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> JCI 10/24 HONOR 10/24/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.85</b>	<b>Nonpriority creditor's name and mailing address</b> BMI PO BOX 630893 CINCINNATI, OH 45263-0893  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 1239517/11-20-18 11/20/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,842.39</b>
<b>3.86</b>	<b>Nonpriority creditor's name and mailing address</b> BOONE, PAMELA RENNER 68169 EDGEWATER BEACH RD WHITE PIGEON, MI 49099  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 DEV EXPENSE 11/18/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59.00</b>
<b>3.87</b>	<b>Nonpriority creditor's name and mailing address</b> BOONE, PAMELA RENNER 68169 EDGEWATER BEACH RD WHITE PIGEON, MI 49099  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 DEV HONOR 11/18/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
<b>3.88</b>	<b>Nonpriority creditor's name and mailing address</b> BOONE, PAMELA RENNER 68169 EDGEWATER BEACH RD WHITE PIGEON, MI 49099  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV EXPENSE 11/18/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59.00</b>

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.89</b>	<b>Nonpriority creditor's name and mailing address</b> BOONE, PAMELA RENNER 68169 EDGEWATER BEACH RD WHITE PIGEON, MI 49099  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$1,000.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV HONOR 11/18/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.90</b>	<b>Nonpriority creditor's name and mailing address</b> BOWER, ALLAN CARL 1817 PARKRIDGE DR NORMAN, OK 73071  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$60.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLDS EXPENSE 11/4/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.91</b>	<b>Nonpriority creditor's name and mailing address</b> BRAUN KENDRICK FINKBEINER, PLC RE: JANE KRA DOE ATTN: JAMIE HECHT NISIDIS 4301 FASHION SQUARE BLVD SAGINAW, MI 48603  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.92</b>	<b>Nonpriority creditor's name and mailing address</b> BROOKS, MIA ELAINE 157 CHARLIE GREENLEE ROAD RUTLEDGE, TN 37861  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$550.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS A 12/1-4 HONOR 12/4/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.93</b>	<b>Nonpriority creditor's name and mailing address</b> BROWN, CHRISTINA ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> RHY OPEN CAMP EXP 12/9/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.00</b>
<b>3.94</b>	<b>Nonpriority creditor's name and mailing address</b> BROWN, CHRISTINA ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> RHY OPEN CMP HONOR 12/9/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
<b>3.95</b>	<b>Nonpriority creditor's name and mailing address</b> BROWN, KADEN 14328 S GRAND MEADOW CIRCLE HERRIMAN, UT 84096  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18.00</b>
<b>3.96</b>	<b>Nonpriority creditor's name and mailing address</b> BROWN, REBECCA JEAN 1289 N 500 W LEHI, UT 84043  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24.00</b>

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Amount of claim

<b>3.97</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>UNKNOWN</b>
	BUCKFIRE & BUCKFIRE, PC RE: CAMPBELL ET AL. ATTN: ROBERT J. LANTZY 29000 INKSTER RD, STE 150 SOUTHFIELD, MI 48034	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

  

<b>3.98</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$1,000.00</b>
	BURNS, GALINA G ADDRESS REDACTED	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LEVEL 1/2 HONOR 12/11/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

  

<b>3.99</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$1,000.00</b>
	BURNS, GALINA G ADDRESS REDACTED	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> RHY OPEN CAMP HONOR 12/9/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

  

<b>3.100</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$1,000.00</b>
	BURNS, GALINA G ADDRESS REDACTED	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WARMUP EDUC DEVEL 12/11/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	



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Amount of claim

<b>3.101</b>	<b>Nonpriority creditor's name and mailing address</b> BUSEMAN, JEANELLE 23472 190TH STREET ROCKFORD, IA 50468  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/1 EXPENSE 12/1/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113.58</b>
<b>3.102</b>	<b>Nonpriority creditor's name and mailing address</b> BUSEMAN, JEANELLE 23472 190TH STREET ROCKFORD, IA 50468  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/1 HONOR/PD 12/1/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65.00</b>
<b>3.103</b>	<b>Nonpriority creditor's name and mailing address</b> CAIN, DANIELLE 7000 W PALMETTO PARK RD SUITE 210 BOCA RATON, FL 33433  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT 10/16/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27.00</b>
<b>3.104</b>	<b>Nonpriority creditor's name and mailing address</b> CALDWELL, JANA 695 TIMBER RIDGE CIRCLE SHERIDAN, AR 72150  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/1 EXPENSE 12/1/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$66.52</b>

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.105</b>	<b>Nonpriority creditor's name and mailing address</b> CALDWELL, JANA 695 TIMBER RIDGE CIRCLE SHERIDAN, AR 72150	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/1 HONOR/PD 12/1/2018	<b>\$65.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.106</b>	<b>Nonpriority creditor's name and mailing address</b> CALLAHAN, WILLIAM F 85 LEXINGTON STREET UNIT #1 HANSON, MA 02341	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018	<b>\$500.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.107</b>	<b>Nonpriority creditor's name and mailing address</b> CAREY INTERNATIONAL, INC. ACF FINCO I LP PO BOX 931994 ATLANTA, GA 31193	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 76241106 11/29/2018	<b>\$1,900.94</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.108</b>	<b>Nonpriority creditor's name and mailing address</b> CAREY INTERNATIONAL, INC. ACF FINCO I LP PO BOX 931994 ATLANTA, GA 31193	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> S0724089 12/3/2018	<b>\$1,360.41</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.109</b>	<b>Nonpriority creditor's name and mailing address</b> CARMODY, HEATHER 10225 SNOW IRIS WAY SANDY, UT 84092  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$14.42</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/30 EXPENSE 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.110</b>	<b>Nonpriority creditor's name and mailing address</b> CARMODY, HEATHER 10225 SNOW IRIS WAY SANDY, UT 84092  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$50.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/30 HONOR 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.111</b>	<b>Nonpriority creditor's name and mailing address</b> CARSON, KATHRYN 34 OVERLOOK DRIVE CHAPPAQUA, NY 10514  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$2,104.74</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 12/3-6 OFFICE VISIT 12/6/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.112</b>	<b>Nonpriority creditor's name and mailing address</b> CHAMBERS, KATHY 3424 LOCH RIDGE DRIVE BIRMINGHAM, AL 35216  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$366.52</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV EXPENSE 11/18/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.113</b>	<b>Nonpriority creditor's name and mailing address</b> CHAMBERS, KATHY 3424 LOCH RIDGE DRIVE BIRMINGHAM, AL 35216	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV HONOR 11/18/2018	<b>\$1,000.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.114</b>	<b>Nonpriority creditor's name and mailing address</b> CHAMBERS, KATHY 3424 LOCH RIDGE DRIVE BIRMINGHAM, AL 35216	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 EXP 12/20/2018	<b>\$128.52</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.115</b>	<b>Nonpriority creditor's name and mailing address</b> CHAMBERS, KATHY 3424 LOCH RIDGE DRIVE BIRMINGHAM, AL 35216	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 HONOR 12/20/2018	<b>\$250.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.116</b>	<b>Nonpriority creditor's name and mailing address</b> CHAMPION RX 5481 COMMERCIAL DRIVE #B HUNTINGTON BEACH, CA 92649	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 5230 11/9/2018	<b>\$887.67</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

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Amount of claim

**3.117 Nonpriority creditor's name and mailing address**

CHARFOOS & CHRISTENSEN, PC  
 RE: BUCHANAN ET AL.  
 ATTN: DAVID W CHRISTENSEN  
 ATTN: MARY PAT ROSEN  
 26622 WOODWARD AVE, STE 100  
 ROYAL OAK, MI 48067

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.118 Nonpriority creditor's name and mailing address**

CHAU, KRISTIN  
 28050 CARAWAY LANE  
 SANTA CLARITA, CA 91350

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$27.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

INCORRECT MEMBERSHIP  
 9/14/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.119 Nonpriority creditor's name and mailing address**

CHENG, JOHN  
 137 DANBURY RD. #141  
 NEW MILFORD, CT 06776

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$204.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

WORLDS EXPENSE  
 11/4/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.120 Nonpriority creditor's name and mailing address**

CHENG, JOHN  
 137 DANBURY RD. #141  
 NEW MILFORD, CT 06776

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$3,920.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

WORLDS HONOR/PD  
 11/4/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.121</b>	<b>Nonpriority creditor's name and mailing address</b> CHERUP, NAOMI 4029 KEATS DR TROY, MI 48085	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS 8/3 HONOR 8/3/2018	<b>\$120.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.122</b>	<b>Nonpriority creditor's name and mailing address</b> CHURCHWYBLE PC, A DIVISION OF GREWAL LAW, PLLC RE: BOYCE, ET AL. ATTN: MANVIR S GREWAL/DAVID S MITTLEMAN ATTN: NOLAN ERICKSON/JOHN FRASER/JONATHAN BROWN 2290 SCIENCE PKWY OKEMOS, MI 48864	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.123</b>	<b>Nonpriority creditor's name and mailing address</b> CLENENING JOHNSON & BOHRER, P.C RE: MIHAEL ANTON ATTN: LONNIE JOHNSON/CHEYENNE RIKER 409 W PATTERSON DR, STE 205 P.O. BOX 428 BLOOMINGTON, IN 47402	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.124</b>	<b>Nonpriority creditor's name and mailing address</b> CLEVELAND-CHILDS, KRISTIN 12209 INGLEHURST DRIVE RALEIGH, NC 27613	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TT JCI 10/20 EXPENSE 10/20/2018	<b>\$6.70</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

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Amount of claim

<b>3.125</b> Nonpriority creditor's name and mailing address CLEVELAND-CHILDS, KRISTIN 12209 INGLEHURST DRIVE RALEIGH, NC 27613  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$420.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TT JCI 10/20 HONOR 10/20/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.126</b> Nonpriority creditor's name and mailing address COLE, DUREE L 1848 N ADAMS STREET SOUTH BEND, IN 46628  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$113.40</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TOPS CAMP-DEC4 EXP 12/20/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.127</b> Nonpriority creditor's name and mailing address COLE, DUREE L 1848 N ADAMS STREET SOUTH BEND, IN 46628  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$1,000.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TOPS CAMP-DEC4 HONOR 12/20/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.128</b> Nonpriority creditor's name and mailing address COLE, LORETTA 3411 LATHROP ST. STE. A FAIRBANKS, AK 99701  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$74.35</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: JCI 11/11 EXPENSE 11/11/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.129</b>	<b>Nonpriority creditor's name and mailing address</b> COLE, LORETTA 3411 LATHROP ST. STE. A FAIRBANKS, AK 99701  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$65.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/11 HONOR/PD 11/11/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.130</b>	<b>Nonpriority creditor's name and mailing address</b> CONGRESS REGION 1 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$41,584.25</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SPLIT OF PROFITS AND SILENT AUCTION DUE TO REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.131</b>	<b>Nonpriority creditor's name and mailing address</b> CONGRESS REGION 2 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$5,238.36</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SPLIT OF PROFITS AND SILENT AUCTION DUE TO REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.132</b>	<b>Nonpriority creditor's name and mailing address</b> CONGRESS REGION 3 130 E WASHINGTON STREET SUITE 700 INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$13,921.99</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SPLIT OF PROFITS AND SILENT AUCTION DUE TO REGION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.133 Nonpriority creditor's name and mailing address**CONGRESS REGION 4  
130 E WASHINGTON STREET  
SUITE 700  
INDIANAPOLIS, IN 46204

As of the petition filing date, the claim is:

\$15,672.70

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

SPLIT OF PROFITS AND SILENT AUCTION DUE TO REGION

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.134 Nonpriority creditor's name and mailing address**CONGRESS REGION 5  
130 E WASHINGTON STREET  
SUITE 700  
INDIANAPOLIS, IN 46204

As of the petition filing date, the claim is:

\$20,000.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

SPLIT OF PROFITS AND SILENT AUCTION DUE TO REGION

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.135 Nonpriority creditor's name and mailing address**CONGRESS REGION 8  
130 E WASHINGTON STREET  
SUITE 700  
INDIANAPOLIS, IN 46204

As of the petition filing date, the claim is:

\$28,056.53

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

SPLIT OF PROFITS AND SILENT AUCTION DUE TO REGION

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.136 Nonpriority creditor's name and mailing address**CONNER, PATTI  
7401 TOPEKA AVE  
LUBBOCK, TX 79424

As of the petition filing date, the claim is:

\$207.86

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**TT WORLDS EXPENSE  
11/14/2018

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.137</b>	<b>Nonpriority creditor's name and mailing address</b> CORBITT, JONATHAN 787 BYRD AVENUE BRIDGEWATER, NJ 08807	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018	<b>\$500.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.138</b>	<b>Nonpriority creditor's name and mailing address</b> CORRIGAN, GEOFFREY 1000 S STATE STREET ANN ARBOR, MI 48109	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DEC1-4 WINTER CUP 12/1/2018	<b>\$38.71</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.139</b>	<b>Nonpriority creditor's name and mailing address</b> COWEN, JEFF 1362 GILMORE LAKE RD SUTH LAKE TAHOE, CA 96150	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT 10/11/2018	<b>\$27.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.140</b>	<b>Nonpriority creditor's name and mailing address</b> COWEN, JEFF 1362 GILMORE LAKE RD SUTH LAKE TAHOE, CA 96150	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT 10/11/2018	<b>\$27.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.141</b>	<b>Nonpriority creditor's name and mailing address</b> CRAWFORD, CAITLYN 12810 TOURNAMENT DR RESTON, VA 20191  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12.00</b>
<b>3.142</b>	<b>Nonpriority creditor's name and mailing address</b> CURTH, MICHAEL 8 LUBBER STREET STONY BROOK, NY 11790  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
<b>3.143</b>	<b>Nonpriority creditor's name and mailing address</b> CUTILLO, BARBARA 4072 DARIUS DR ENOLA, PA 17025  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/12 EXPENSE 11/12/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6.70</b>
<b>3.144</b>	<b>Nonpriority creditor's name and mailing address</b> CUTILLO, BARBARA 4072 DARIUS DR ENOLA, PA 17025  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/12 HONOR 11/12/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.145</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$200.00</b>
	DAVIS, EMILY F 9614 LIMESTONE POND SAN ANTONIO, TX 78254	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
		DECEMBER EXPENSE 12/3/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

  

<b>3.146</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>UNKNOWN</b>
	DAWID & GATTI PLLC RE: ALI ATTN: MICHAEL J. GATTI 402 W LIBERTY ST ANN ARBOR, MI 48103	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
		LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

  

<b>3.147</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>UNKNOWN</b>
	DEBORAH GORDON LAW RE: P.S. DOE ATTN: DEBORAH L. GORDON 33 BLOOMFIELD HILLS PKWY, STE 220 BLOOMFIELD HILLS, MI 48304	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
		LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

  

<b>3.148</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$24.30</b>
	DEWANE, MARIAN P.O. BOX 2137 BOISE, ID 83701	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
		JCI 11/16 EXPENSE 11/16/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.149</b>	<b>Nonpriority creditor's name and mailing address</b> DEWANE, MARIAN P.O. BOX 2137 BOISE, ID 83701	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/16 HONOR/PD 11/16/2018	<b>\$115.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.150</b>	<b>Nonpriority creditor's name and mailing address</b> DEWEERD, SHERYL J 5833 W BRADSHAW RD LUDINGTON, MI 49431	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 DEV EXPENSE 11/18/2018	<b>\$122.43</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.151</b>	<b>Nonpriority creditor's name and mailing address</b> DEWEERD, SHERYL J 5833 W BRADSHAW RD LUDINGTON, MI 49431	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 DEV HONOR 11/14/2018	<b>\$1,000.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.152</b>	<b>Nonpriority creditor's name and mailing address</b> DEWEERD, SHERYL J 5833 W BRADSHAW RD LUDINGTON, MI 49431	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV EXPENSE 11/18/2018	<b>\$197.42</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.153</b>	<b>Nonpriority creditor's name and mailing address</b> DEWEERD, SHERYL J 5833 W BRADSHAW RD LUDINGTON, MI 49431  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$1,000.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV HONOR 11/18/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.154</b>	<b>Nonpriority creditor's name and mailing address</b> DIAB, ALEX M ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$427.96</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV EXPENSES 11/25/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.155</b>	<b>Nonpriority creditor's name and mailing address</b> DOE  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.156</b>	<b>Nonpriority creditor's name and mailing address</b> DUARTE, JOCELYN 421 S BIXEL STREET SUITE A LOS ANGELES, CA 90017  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$59.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> MBRSHIP DUPL PYMT 8/21/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.157</b>	<b>Nonpriority creditor's name and mailing address</b> EBERHARDT, BRENDA 4008 ELLEN DRIVE MARRERO, LA 70072-6222  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$6.70</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/10 EXPENSE 11/10/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.158</b>	<b>Nonpriority creditor's name and mailing address</b> EBERHARDT, BRENDA 4008 ELLEN DRIVE MARRERO, LA 70072-6222  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$50.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/10 HONOR 11/10/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.159</b>	<b>Nonpriority creditor's name and mailing address</b> EDLUND, STACEY 2806 E OBSIDIAN AVE POST FALLS, ID 83854  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$27.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> MBRSHIP REFUND 11/26/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.160</b>	<b>Nonpriority creditor's name and mailing address</b> EFRAIN GONZALEZ JR. RE: EFRAIN GONZALEZ JR. 1168 BEASLEY HILLS LANE HOUSTON, TX 77008  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.161</b> Nonpriority creditor's name and mailing address ELFENBEIN, MYRA 8806 CHURCH FIELD LANE LAUREL, MD 207089  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$163.27</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TECH MEETING EXPENSE 12/11/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.162</b> Nonpriority creditor's name and mailing address ELITE SPORTSWEAR, L.P. PO BOX 16400 READING, PA 19612-6400  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$2,140.13</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 828591 11/5/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.163</b> Nonpriority creditor's name and mailing address ELITE SPORTSWEAR, L.P. PO BOX 16400 READING, PA 19612-6400  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$468.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 830436 11/8/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.164</b> Nonpriority creditor's name and mailing address ELY, JEANA 2305 COUNTY ROAD 1222 BLANCHARD, OK 73010  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$7.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: JCI 11/30 EXPENSE 11/30/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.165</b>	<b>Nonpriority creditor's name and mailing address</b> ELY, JEANA 2305 COUNTY ROAD 1222 BLANCHARD, OK 73010  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$50.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/30 HONOR 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.166</b>	<b>Nonpriority creditor's name and mailing address</b> EM KAY SKY LLC 906 S WOOSTER STREET #301 LOS ANGELES, CA 90035  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$76.80</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> RHY SR PAN AM EXP 10/2/2016  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.167</b>	<b>Nonpriority creditor's name and mailing address</b> EM KAY SKY LLC 906 S WOOSTER STREET #301 LOS ANGELES, CA 90035  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$500.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> RHY SR PAN AM HONOR 10/2/2016  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.168</b>	<b>Nonpriority creditor's name and mailing address</b> ENGLEDDOW GROUP 1100 EAST 116TH ST. CARMEL, IN 46032  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$9.16</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 514888 DEC1-4 12/1/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.169</b>	<b>Nonpriority creditor's name and mailing address</b> ENTERPRISE SERVICES PO BOX 402383 ATLANTA, GA 30384  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$2,152.35</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 18321627 11/19/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.170</b>	<b>Nonpriority creditor's name and mailing address</b> ENTERPRISE SERVICES PO BOX 402383 ATLANTA, GA 30384  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$1,758.57</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 19090215 10/29/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.171</b>	<b>Nonpriority creditor's name and mailing address</b> ENTERPRISE SERVICES PO BOX 402383 ATLANTA, GA 30384  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$528.49</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 19392683 11/26/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.172</b>	<b>Nonpriority creditor's name and mailing address</b> ENTERPRISE SERVICES PO BOX 402383 ATLANTA, GA 30384  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$1,202.46</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 19480183 12/3/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

<b>3.173</b>	<b>Nonpriority creditor's name and mailing address</b> ENTERPRISE SERVICES PO BOX 402383 ATLANTA, GA 30384  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 19554181-A 12/10/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,208.49</b>
<b>3.174</b>	<b>Nonpriority creditor's name and mailing address</b> EPIC GYMNASTICS 4688 S COMMERCE DR MURRAY, UT 84107  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> CK OVERAGE 10/4/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$118.00</b>
<b>3.175</b>	<b>Nonpriority creditor's name and mailing address</b> EVANS, PAMELA GODWARD 8030 E. AVALON DR. SCOTTSDALE, AZ 85251  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/30 EXPENSE 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45.77</b>
<b>3.176</b>	<b>Nonpriority creditor's name and mailing address</b> EVANS, PAMELA GODWARD 8030 E. AVALON DR. SCOTTSDALE, AZ 85251  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/30 HONOR/PD 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$115.00</b>

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Amount of claim

<b>3.177</b>	<b>Nonpriority creditor's name and mailing address</b> EVEREST, REGINA 6035 6TH PLACE VERO BEACH, FL 32968	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT REFUND 11/27/2018	<b>\$59.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.178</b>	<b>Nonpriority creditor's name and mailing address</b> FEDERATION INTE DE GYMNASIQUE FIG RUE DES OEUCHES 10 CASE POSTALE 359 FRANCE	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 63376 11/26/2018	<b>\$300.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.179</b>	<b>Nonpriority creditor's name and mailing address</b> FEDERATION INTE DE GYMNASIQUE FIG RUE DES OEUCHES 10 CASE POSTALE 359 FRANCE	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 63382 11/27/2018	<b>\$300.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.180</b>	<b>Nonpriority creditor's name and mailing address</b> FEDERATION INTE DE GYMNASIQUE FIG RUE DES OEUCHES 10 CASE POSTALE 359 FRANCE	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 63477 12/7/2018	<b>\$300.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

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Amount of claim

<b>3.181</b>	<b>Nonpriority creditor's name and mailing address</b> FEDOSOV, OLEG 6512 W 130TH AVENUE CEDAR LAKE, IN 46303	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PYMT CK 59540 6/20/2014	<b>\$300.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.182</b>	<b>Nonpriority creditor's name and mailing address</b> FEELEY, CAMILLA 254 RED OAK LANE HIGHLAND PARK, IL 60035	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> CHOREO REIMBURSE 10/10/2018	<b>\$1,250.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.183</b>	<b>Nonpriority creditor's name and mailing address</b> FIEGER LAW RE: ESPINOSA ATTN: TODD J. WEGLARZ 19390 W 10 MILE RD SOUTHFIELD, MI 48075	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.184</b>	<b>Nonpriority creditor's name and mailing address</b> FIEGER, FIEGER, KENNEY & HARRINGTON, PC RE: KOWALSKI ATTN: GEOFFREY N FIEGER ATTN: JAMES J. HARRINGTON 19390 WEST 10 MILE RD SOUTHFIELD, MI 48075	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

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Amount of claim

<b>3.185</b>	<b>Nonpriority creditor's name and mailing address</b> FINALFORMS 442 WALTERS ROAD CHAGRIN FALLS, OH 44022	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 003554CC 12/15/2018	<b>\$75.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.186</b>	<b>Nonpriority creditor's name and mailing address</b> FIRST STATE GYMNASTICS ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLD OPGOLD/MTEAM 11/30/2018	<b>\$21,333.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.187</b>	<b>Nonpriority creditor's name and mailing address</b> FITZSIMMONS, TIM 13801 ARTIC AVENUE ROCKVILLE, MD 20853	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT 11/2/2018	<b>\$59.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.188</b>	<b>Nonpriority creditor's name and mailing address</b> FLEISHMANHILLARD INC PO BOX 771733 ST LOUIS, MO 63177	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 1797415 11/26/2018	<b>\$37,480.04</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

<b>3.189</b>	<b>Nonpriority creditor's name and mailing address</b> FLOYD, CIARA 14030 FM 1560 APT 2108 HELOTES, TX 78023	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS 8/4 HONOR 8/4/2018	<b>\$60.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.190</b>	<b>Nonpriority creditor's name and mailing address</b> FORBES, HEATHER M 1170 WHITE CHAPEL ALGONGUIN, IL 60102	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV DEVO CAMP EXP 11/14/2018	<b>\$60.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.191</b>	<b>Nonpriority creditor's name and mailing address</b> FORBES, HEATHER M 1170 WHITE CHAPEL ALGONGUIN, IL 60102	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV DEVO CAMP HONOR 11/14/2018	<b>\$1,000.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.192</b>	<b>Nonpriority creditor's name and mailing address</b> FORBES, HEATHER M 1170 WHITE CHAPEL ALGONGUIN, IL 60102	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 EXP 12/20/2018	<b>\$30.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

<b>3.193</b>	<b>Nonpriority creditor's name and mailing address</b> FORBES, HEATHER M 1170 WHITE CHAPEL ALGONGUIN, IL 60102	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 HONOR 12/20/2018	<b>\$250.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.194</b>	<b>Nonpriority creditor's name and mailing address</b> FORGAN, CHEVONNE 196 OLD MILITARY ROAD LAKE PLACID, NY 12946	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WAGC CAMP HONOR 9/5/2018	<b>\$51.60</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.195</b>	<b>Nonpriority creditor's name and mailing address</b> FRANKE, AMBER 4316 CHARLES COURT HILLIARD, OH 43026	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018	<b>\$24.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.196</b>	<b>Nonpriority creditor's name and mailing address</b> G3 GLOBAL SERVICES 1951 N MILITARY TRAIL SUITE D WEST PALM BEACH, FL 33409	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> USAGYMRUS-EXP 11/16/2018	<b>\$268.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		



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Amount of claim

<b>3.197</b>	<b>Nonpriority creditor's name and mailing address</b> GALLARDO, CHRISTIAN ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WRLD SELECT EXPENSE 10/13/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$352.84</b>
<b>3.198</b>	<b>Nonpriority creditor's name and mailing address</b> GALT HOUSE HOTEL 140 N FOURTH STREET LOUISVILLE, KY 40202  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 9015 REG 5 CONGRESS 9/26/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,935.55</b>
<b>3.199</b>	<b>Nonpriority creditor's name and mailing address</b> GARDNER, BETH 7613 W FM 93 BELTON, TX 76513  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> R102 12/2 HONOR/PD 12/2/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.00</b>
<b>3.200</b>	<b>Nonpriority creditor's name and mailing address</b> GARDNER, BETH 7613 W FM 93 BELTON, TX 76513  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> R301 12/1 EXPENSE 12/1/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$293.51</b>

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Amount of claim

<b>3.201</b>	<b>Nonpriority creditor's name and mailing address</b> GARDNER, BETH 7613 W FM 93 BELTON, TX 76513  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> R301 12/1 HONOR/PD 12/1/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.00</b>
<b>3.202</b>	<b>Nonpriority creditor's name and mailing address</b> GATSCHET, KATHERINE 3609 SW RANDOLPH AVENUE TOPEKA, KS 66611  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/01 HONOR 12/1/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
<b>3.203</b>	<b>Nonpriority creditor's name and mailing address</b> GATSCHET, KATHERINE 3609 SW RANDOLPH AVENUE TOPEKA, KS 66611  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/1 EXPENSE 12/1/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6.70</b>
<b>3.204</b>	<b>Nonpriority creditor's name and mailing address</b> GAWRON, LAURA 62236 CLOVERLEAF DRIVE EAST AMBERST, NY 14051  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT 10/15/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59.00</b>

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		Amount of claim
<b>3.205</b>	<b>Nonpriority creditor's name and mailing address</b> GERBER CIANO KELLY BRADY LLP 228 PARK AVE SOUTH SUITE 97572 NEW YORK, NY 10003  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$1,105.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 04479 11/20/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.206</b>	<b>Nonpriority creditor's name and mailing address</b> GESUELLI, CODY 904 WILLOWBROOK DR SE APT 2 HUNTSVILLE, AL 07748  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$18.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.207</b>	<b>Nonpriority creditor's name and mailing address</b> GLIELMI, THOMAS ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$3,000.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLD MAKING TEAM 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.208</b>	<b>Nonpriority creditor's name and mailing address</b> GLOBAL SPECTRUM 650 OKEECHOBEE BLVD WEST PALM BEACH, FL 33401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$8,500.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 01-071719 1/3/2019  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

<b>3.209</b>	<b>Nonpriority creditor's name and mailing address</b> GLUCKSTEIN, JEFFREY 60 OCEAN BOULEVARD ATLANTIC HIGHLANDS, NJ 07716  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 TRAINING 12/10/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$873.98</b>
<b>3.210</b>	<b>Nonpriority creditor's name and mailing address</b> GOLDMAN SCARLATO & PENNY, PC RE: JANE LB DOE ET AL. ATTN: MELISSA FRY HAGUE 8 TOWER BRIDGE 161 WASHINGTON ST, STE 1025 CONSHOHOCKEN, PA 19428  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>UNKNOWN</b>
<b>3.211</b>	<b>Nonpriority creditor's name and mailing address</b> GOWER LAW PLC RE: LADRIGUE ATTN: JESSICA ROSE RIEFFEL 514 E MIDLAND ST BAY CITY, MI 48706  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>UNKNOWN</b>
<b>3.212</b>	<b>Nonpriority creditor's name and mailing address</b> GRAYSON, DIANNE 907 W. KROLL AVE. GILBERT, AZ 85033  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/30 HONOR 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.213 Nonpriority creditor's name and mailing address**

GRUEL MILLS NIMS & PYLMAN PLLC  
 RE: WAMPLER ET AL.  
 ATTN: THOMAS R. BEHM  
 99 MONROE AVE, N.W. STE 800  
 GRAND RAPIDS, MI 49503

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.214 Nonpriority creditor's name and mailing address**

GRUEL MILLS NIMS & PYLMAN PLLC  
 RE: JANE N. DOE  
 ATTN: THOMAS R. BEHM  
 99 MONROE AVE, N.W. STE 800  
 GRAND RAPIDS, MI 49503

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.215 Nonpriority creditor's name and mailing address**

GRUEL MILLS NIMS & PYLMAN PLLC  
 RE: JANES A AND B DOE ET AL.  
 ATTN: THOMAS R. BEHM  
 99 MONROE AVE, N.W. STE 800  
 GRAND RAPIDS, MI 49503

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.216 Nonpriority creditor's name and mailing address**

GYMNASTICS GURU CONSULTING  
 20 BOTT LANE  
 TOWACO, NJ 07082

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$450.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

REG 4 CONG HONOR  
 6/17/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.217</b>	<b>Nonpriority creditor's name and mailing address</b> H2H SERVICES LLC ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV SHOSTAK TRAIN 12/1/2018	<b>\$125.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.218</b>	<b>Nonpriority creditor's name and mailing address</b> H2H SERVICES LLC ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> OCT SHOSTAK TRAIN 11/1/2018	<b>\$125.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.219</b>	<b>Nonpriority creditor's name and mailing address</b> H2H SERVICES LLC ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SHOSTAK NOV 2018 12/1/2018	<b>\$50.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.220</b>	<b>Nonpriority creditor's name and mailing address</b> H2H SERVICES LLC ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SHOSTAK SEPT TRAIN 10/1/2018	<b>\$175.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.221</b>	<b>Nonpriority creditor's name and mailing address</b> HALFMANN, LYNN PO BOX 181328 DENVER, CO 80218	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT 10/19/2018	<b>\$27.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.222</b>	<b>Nonpriority creditor's name and mailing address</b> HALL, HEIDI PO BOX 385 SANGERVILLE, ME 04479	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/25 EXPENSE 11/25/2018	<b>\$17.36</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.223</b>	<b>Nonpriority creditor's name and mailing address</b> HALL, HEIDI PO BOX 385 SANGERVILLE, ME 04479	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/25 HONOR 11/25/2018	<b>\$50.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.224</b>	<b>Nonpriority creditor's name and mailing address</b> HALLWIG, BOB 9200 GAITHER ROAD GAITHERSBURG, MD 20877	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018	<b>\$24.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.225</b>	<b>Nonpriority creditor's name and mailing address</b> HAMILTON, CHERYL 21 ARIZONA STATE DR NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV '18 NT CAMP EXP 11/28/2018	<b>\$77.76</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.226</b>	<b>Nonpriority creditor's name and mailing address</b> HAMILTON, CHERYL 21 ARIZONA STATE DR NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 18 NT CAMP HONOR 11/28/2018	<b>\$1,700.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.227</b>	<b>Nonpriority creditor's name and mailing address</b> HAMILTON, CHERYL 21 ARIZONA STATE DR NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WMN COMM MTG EXP 11/12/2018	<b>\$127.43</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.228</b>	<b>Nonpriority creditor's name and mailing address</b> HAMILTON, CHERYL 21 ARIZONA STATE DR NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLDS EXPENSES 11/10/2018	<b>\$186.40</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		



Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.229</b>	<b>Nonpriority creditor's name and mailing address</b> HANEY, JILL 5 COLUMBIA DR REAR WILLIAMSVILLE, NY 14221	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT 10/16/2018	<b>\$27.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.230</b>	<b>Nonpriority creditor's name and mailing address</b> HANEY, MAGGIE ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> COACH SUPPORT 10/15/2018	<b>\$500.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.231</b>	<b>Nonpriority creditor's name and mailing address</b> HANEY, MAGGIE ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLD OPGOLD/MTEAM 11/30/2018	<b>\$11,333.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.232</b>	<b>Nonpriority creditor's name and mailing address</b> HANFORD, DEANNA 14798 LAURELWOOD STREET POWAY, CA 92064	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TT JCI 11/4 EXPENSE 11/4/2018	<b>\$2.89</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.233</b>	<b>Nonpriority creditor's name and mailing address</b> HANFORD, DEANNA 14798 LAURELWOOD STREET POWAY, CA 92064  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TT JCI 11/4 HONOR 11/4/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$630.00</b>
<b>3.234</b>	<b>Nonpriority creditor's name and mailing address</b> HATTERSLEY, ADAM ROGER 5833 TULIP FLOWER DRIVE RIVERVIEW, FL 33578  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
<b>3.235</b>	<b>Nonpriority creditor's name and mailing address</b> HAWK, RAYETTA 3206 LUPINE DRIVE INDIANAPOLIS, IN 46224  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 EXP 12/20/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43.60</b>
<b>3.236</b>	<b>Nonpriority creditor's name and mailing address</b> HAWK, RAYETTA 3206 LUPINE DRIVE INDIANAPOLIS, IN 46224  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 HONOR 12/20/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>

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Amount of claim

<b>3.237</b>	<b>Nonpriority creditor's name and mailing address</b> HAWK, RENEE 8039 STATE PARK CENTER LINE, MI 48015  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 EXP 12/20/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.24</b>
<b>3.238</b>	<b>Nonpriority creditor's name and mailing address</b> HAWK, RENEE 8039 STATE PARK CENTER LINE, MI 48015  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 HONOR 12/20/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
<b>3.239</b>	<b>Nonpriority creditor's name and mailing address</b> HEBERT, DANTE 9402 GARRETT RD MAURICE, LA 70555  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> CA/NV TDC HONOR 10/27/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$433.30</b>
<b>3.240</b>	<b>Nonpriority creditor's name and mailing address</b> HEBERT, DANTE 9402 GARRETT RD MAURICE, LA 70555  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TT JCI 10/27 EXPENSE 10/27/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6.70</b>

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Amount of claim

<b>3.241</b> Nonpriority creditor's name and mailing address HEBERT, DANTE 9402 GARRETT RD MAURICE, LA 70555  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$60.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TT JCI 10/27 HONOR 10/27/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.242</b> Nonpriority creditor's name and mailing address HEBERT, DANTE 9402 GARRETT RD MAURICE, LA 70555  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$6.70</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TT JCI 10/6 EXPENSE 10/6/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.243</b> Nonpriority creditor's name and mailing address HEBERT, DANTE 9402 GARRETT RD MAURICE, LA 70555  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$360.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TT JCI 10/6 HONOR 10/6/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.244</b> Nonpriority creditor's name and mailing address HEBERT, DANTE 9402 GARRETT RD MAURICE, LA 70555  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$6.70</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TT JCI 11/17 EXPENSE 11/17/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

<b>3.245</b>	<b>Nonpriority creditor's name and mailing address</b> HEBERT, DANTE 9402 GARRETT RD MAURICE, LA 70555	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TT JCI 11/17 HONOR 11/17/2018	<b>\$390.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.246</b>	<b>Nonpriority creditor's name and mailing address</b> HEISLER, RITA 8 HICKORY DR HORSEHEADS, NY 14845	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 9/22 HONOR 9/22/2018	<b>\$50.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.247</b>	<b>Nonpriority creditor's name and mailing address</b> HILDER & ASSOCIATES PC 819 LOVETT BLVD HOUSTON, TX 77006	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 13439 12/2/2018	<b>\$16,770.69</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.248</b>	<b>Nonpriority creditor's name and mailing address</b> HILDER & ASSOCIATES PC 819 LOVETT BLVD HOUSTON, TX 77006	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 13440 12/2/2018	<b>\$1,356.97</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

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Amount of claim

<b>3.249</b> Nonpriority creditor's name and mailing address HILL, RONALD 245 E PAGE STREET ST PAUL, MN 55107  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$500.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 2018 APP LEAD HONOR 12/4/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.250</b> Nonpriority creditor's name and mailing address HILLIARD MARTINEZ GONZALES, LLP RE: MKG DOE ATTN: ROBERT C. HILLIARD/JESSICA J. PRICHETT ATTN: ALEXANDER HILLIARD 719 SOUTH SHORELINE BLVD CORPUS CHRISTI, TX 78401  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.251</b> Nonpriority creditor's name and mailing address HILLIARD MARTINEZ GONZALES, LLP RE: JANE KJTM DOE ATTN: ROBERT C. HILLIARD/JESSICA J. PRICHETT ATTN: ALEXANDER HILLIARD 719 SOUTH SHORELINE BLVD CORPUS CHRISTI, TX 78401  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.252</b> Nonpriority creditor's name and mailing address HILTON GARDEN INN INDIANAPOLIS DOWNTOWN 10 EAST MARKET ST. INDIANAPOLIS, IN 46204  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$662.22</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 39574 9/8/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.253</b>	<b>Nonpriority creditor's name and mailing address</b> HOLIDAY INN SARASOTA AIRPORT 8009 15TH ST E SARASOTA, FL 34243	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRAINING CAMP LODGING 12/5/2018	<b>\$20,351.48</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.254</b>	<b>Nonpriority creditor's name and mailing address</b> HOWARD, TREVOR 1290 FAHLANDER DR COLUMBUS, OH 43229	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> COTTBUS PDIEH 11/5/2018	<b>\$105.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.255</b>	<b>Nonpriority creditor's name and mailing address</b> HUMPHREY, TERIN 114 SE 2ND STREET BLUE SPRINGS, MO 64014	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV NT CAMP '18 HON 11/28/2018	<b>\$800.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.256</b>	<b>Nonpriority creditor's name and mailing address</b> HUMPHREY, TERIN 114 SE 2ND STREET BLUE SPRINGS, MO 64014	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV NT CAMP'18 EXPEN 11/28/2018	<b>\$40.40</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

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Amount of claim

<b>3.257</b>	<b>Nonpriority creditor's name and mailing address</b> HUNGER, MICHAEL ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 DEV EXP 11/14/2018	<b>\$223.19</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.258</b>	<b>Nonpriority creditor's name and mailing address</b> HUNGER, MICHAEL ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 DEV HONOR 11/14/2018	<b>\$1,500.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.259</b>	<b>Nonpriority creditor's name and mailing address</b> HUNGER, MICHAEL ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV EXPENSE 11/18/2018	<b>\$223.19</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.260</b>	<b>Nonpriority creditor's name and mailing address</b> HUNGER, MICHAEL ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV HONOR 11/18/2018	<b>\$2,000.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		



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Amount of claim

<b>3.261</b>	<b>Nonpriority creditor's name and mailing address</b> HUNGER, MICHAEL ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP DEC4 EXP 12/20/2018	<b>\$42.53</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.262</b>	<b>Nonpriority creditor's name and mailing address</b> HUNGER, MICHAEL ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP THRU DEC 4 12/20/2018	<b>\$500.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.263</b>	<b>Nonpriority creditor's name and mailing address</b> HUNT & TUEGEL PLLC RE: WHITEHURST, ET AL. ATTN: MICHELLE SIMPSON TUEGEL 425 AUSTIN AVE ALICO BUILDING, STE 1208 WACO, TX 76703	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.264</b>	<b>Nonpriority creditor's name and mailing address</b> HUNT & TUEGEL PLLC RE: TASHA SCHWIKERT-WARREN ATTN: MICHELLE SIMPSON TUEGEL 425 AUSTIN AVE ALICO BUILDING, STE 1208 WACO, TX 76703	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

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Amount of claim

<b>3.265</b>	<b>Nonpriority creditor's name and mailing address</b> HUTCHINS ET AL.	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.266</b>	<b>Nonpriority creditor's name and mailing address</b> IAVARONE, GEORGEANN 32471 VIA LOS SANTOS SAN JUAN CAPISTRANO, CA 92675	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/03 EXPENSE 11/3/2018	<b>\$70.59</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.267</b>	<b>Nonpriority creditor's name and mailing address</b> IAVARONE, GEORGEANN 32471 VIA LOS SANTOS SAN JUAN CAPISTRANO, CA 92675	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/03 HONOR/PD 11/3/2018	<b>\$105.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.268</b>	<b>Nonpriority creditor's name and mailing address</b> IAVARONE, GEORGEANN 32471 VIA LOS SANTOS SAN JUAN CAPISTRANO, CA 92675	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/1 EXPENSE 12/1/2018	<b>\$18.42</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.269</b>	<b>Nonpriority creditor's name and mailing address</b> IAVARONE, GEORGEANN 32471 VIA LOS SANTOS SAN JUAN CAPISTRANO, CA 92675	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/1 HONOR/PD 12/1/2018	<b>\$115.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.270</b>	<b>Nonpriority creditor's name and mailing address</b> IAVARONE, GEORGEANN 32471 VIA LOS SANTOS SAN JUAN CAPISTRANO, CA 92675	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> USAG NSF BANK FEE 12/5/2018	<b>\$12.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.271</b>	<b>Nonpriority creditor's name and mailing address</b> IRON MOUNTAIN PO BOX 27128 NEW YORK, NY 10087-7128	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> AHYY543 DEC1-4 12/1/2018	<b>\$249.42</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.272</b>	<b>Nonpriority creditor's name and mailing address</b> IVANOV, IVAN YORDANOV ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV NT '18 CAMP HONO 11/28/2018	<b>\$2,200.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.273</b>	<b>Nonpriority creditor's name and mailing address</b> IVANOV, IVAN YORDANOV ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$39.57</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV NT CAMP '18 EXP 11/28/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.274</b>	<b>Nonpriority creditor's name and mailing address</b> JAMI JONES PLLC RE: JANE BR2 DOE ATTN: JAMI W JONES 43494 WOODWARD AVE , STE 200 BLOOMFIELD HILLS, MI 48302  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.275</b>	<b>Nonpriority creditor's name and mailing address</b> JANE B95 DOE  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.276</b>	<b>Nonpriority creditor's name and mailing address</b> JANE C. DOE  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.277</b> Nonpriority creditor's name and mailing address JANE DOE   Date or dates debt was incurred   Last 4 digits of account number	As of the petition filing date, the claim is: <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.278</b> Nonpriority creditor's name and mailing address JANE DOE 02   Date or dates debt was incurred   Last 4 digits of account number	As of the petition filing date, the claim is: <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.279</b> Nonpriority creditor's name and mailing address JANE E-1 DOE   Date or dates debt was incurred   Last 4 digits of account number	As of the petition filing date, the claim is: <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.280</b> Nonpriority creditor's name and mailing address JANE E-1 DOE, ET AL.   Date or dates debt was incurred   Last 4 digits of account number	As of the petition filing date, the claim is: <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

3.281	Nonpriority creditor's name and mailing address JANE J-1 DOE	As of the petition filing date, the claim is:	UNKNOWN
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> LITIGATION	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.282	Nonpriority creditor's name and mailing address JANE JD DOE	As of the petition filing date, the claim is:	UNKNOWN
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> LITIGATION	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.283	Nonpriority creditor's name and mailing address JANE LM DOE	As of the petition filing date, the claim is:	UNKNOWN
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> LITIGATION	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.284	Nonpriority creditor's name and mailing address JANE MPW DOE	As of the petition filing date, the claim is:	UNKNOWN
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	<b>Basis for the claim:</b> LITIGATION	
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.285</b>	<b>Nonpriority creditor's name and mailing address</b> JANE R DOES ET AL.	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.286</b>	<b>Nonpriority creditor's name and mailing address</b> JANTZI, SARAH ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SR PAN AM MEDAL SPT 11/30/2018	<b>\$1,000.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.287</b>	<b>Nonpriority creditor's name and mailing address</b> JANTZI, SARAH ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLD 2018 EXPENSE 11/4/2018	<b>\$353.30</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.288</b>	<b>Nonpriority creditor's name and mailing address</b> JANTZI, SARAH ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLD OPGOLD/MTEAM 11/30/2018	<b>\$11,333.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.289</b>	<b>Nonpriority creditor's name and mailing address</b> JENKINS, LACEY 10053 E CO. RD 550 N MATTOON, IL 61938  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$12.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.290</b>	<b>Nonpriority creditor's name and mailing address</b> JOHN F1 DOE, ET AL.  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.291</b>	<b>Nonpriority creditor's name and mailing address</b> JOHN R. LEWIS, JR., ESQ., P.C. RE: RICHARD CARLSON ATTN: JOHN R. LEWIS, JR. 4 WEST GATE RD FARMINGDALE, NY 11735  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.292</b>	<b>Nonpriority creditor's name and mailing address</b> JOHNS HOPKINS ALL CHILDREN'S HOSPITAL INC SPORTS MED/USAG/ATTN: FINANCE 501 6TH AVE SOUTH ST PETERSBURG, FL 33701  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$11,546.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 71210-004 11/28/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.293</b>	<b>Nonpriority creditor's name and mailing address</b> JOHNSON LAW, PLC RE: JONUSKA ATTN: THOMAS W WAUN 10683 S SAGINAW ST, STE D GRAND BLANC, MI 48439  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
<b>3.294</b>	<b>Nonpriority creditor's name and mailing address</b> JOHNSON, AMELIA 20961 BIG WOODS ROAD DICKERSON, MD 20842  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> CK 5519 OVERPAYMENT 11/16/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
<b>3.295</b>	<b>Nonpriority creditor's name and mailing address</b> JOYE, KIMBERLEE 900 W SUMMIT DRIVE UNIT 5 DALTON, GA 30721  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/17 EXPENSE 11/17/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102.81
<b>3.296</b>	<b>Nonpriority creditor's name and mailing address</b> JOYE, KIMBERLEE 900 W SUMMIT DRIVE UNIT 5 DALTON, GA 30721  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/17 HONOR 11/17/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.297</b>	<b>Nonpriority creditor's name and mailing address</b> JUSZCZYK, MICHAEL 5950 MEADOW BROOK LANE CUMMING, GA 30040	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018	<b>\$1,000.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.298</b>	<b>Nonpriority creditor's name and mailing address</b> JUSZCZYK, MICHAEL 5950 MEADOW BROOK LANE CUMMING, GA 30040	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> MENS QUAL EXPENSE 7/15/2018	<b>\$259.31</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.299</b>	<b>Nonpriority creditor's name and mailing address</b> KARDOS, ANNETTE 1107 ADA DRIVE NORTH HUNTINGDON, PA 15642	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/25 EXPENSE 11/25/2018	<b>\$11.79</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.300</b>	<b>Nonpriority creditor's name and mailing address</b> KARDOS, ANNETTE 1107 ADA DRIVE NORTH HUNTINGDON, PA 15642	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/25 HONOR 11/25/2018	<b>\$100.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.301</b>	<b>Nonpriority creditor's name and mailing address</b> KIM, JUNE 616 S JUNE STREET LOS ANGELES, CA 90005  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$59.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPLICATE PAYMENT 11/2/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.302</b>	<b>Nonpriority creditor's name and mailing address</b> KING, CAROLINE 1120 TIBBETTS-WICK GIRARD, OH 44420  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$60.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS 6/15 HONOR 6/15/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.303</b>	<b>Nonpriority creditor's name and mailing address</b> KING, CAROLINE 1120 TIBBETTS-WICK GIRARD, OH 44420  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$60.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS 7/20 HONOR 7/20/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.304</b>	<b>Nonpriority creditor's name and mailing address</b> KIOUSIS LAW PC RE: JANE DOE MJ ATTN: EFSTATHIOS T. KIOUSIS 1985 WEST BIG BEAVER RD, STE 300 TROY, MI 48084  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> UNKNOWN <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.305</b>	<b>Nonpriority creditor's name and mailing address</b> KLIMOUK, NATALYA 916 KNOLLWOOD DR BUFFALO GROVE, IL 60089  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$163.24</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> CLINICIAN MEALS/CHIC 12/1/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.306</b>	<b>Nonpriority creditor's name and mailing address</b> KOLL, THOMAS 7701 DAVIS CIRCLE OMAHA, NE 68134  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$121.34</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 PROG EXPENSE 12/31/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.307</b>	<b>Nonpriority creditor's name and mailing address</b> KOLLER TRIAL LAW, PLLC RE: DAVIS & KANALY ATTN: A. LAURIE KOLLER 320 SOUTH BOSTON, SUITE 1130 TULSA, OK 74103  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.308</b>	<b>Nonpriority creditor's name and mailing address</b> KOLLER TRIAL LAW, PLLC RE: DAVIS ATTN: A. LAURIE KOLLER 320 SOUTH BOSTON, SUITE 1130 TULSA, OK 74103  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.309</b>	<b>Nonpriority creditor's name and mailing address</b> KOZITSKAYA, NATALYA ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> RHY BUDAPEST HONOR 8/26/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.310</b>	<b>Nonpriority creditor's name and mailing address</b> KOZMA, TINA 385 SARVER ROAD SARVER, PA 16055  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$31.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT 9/10/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.311</b>	<b>Nonpriority creditor's name and mailing address</b> KRENK, GEORGE 14490 LOVERIDGE STREET MARCELLUS, MI 49067  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.312</b>	<b>Nonpriority creditor's name and mailing address</b> LAKE FRANCES RETREATS 272 LAKE FRANCES ROAD CROSSVILLE, TN 38571  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$24,990.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 12/1-4 TOPS-A 12/1/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.313</b>	<b>Nonpriority creditor's name and mailing address</b> LAKE FRANCES RETREATS 272 LAKE FRANCES ROAD CROSSVILLE, TN 38571  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 12/4-7 TOPS-B 12/1/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,930.00</b>
<b>3.314</b>	<b>Nonpriority creditor's name and mailing address</b> LANDES, JESSIE 63 GATES ST FRAMINGHAM, MA 01702  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT REFUND 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15.00</b>
<b>3.315</b>	<b>Nonpriority creditor's name and mailing address</b> LANDI, LAURENT ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLD OPGOLD/MTEAM 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,333.00</b>
<b>3.316</b>	<b>Nonpriority creditor's name and mailing address</b> LAW OFFICE OF MATTHEW A. FERRI, PLLC RE: JANE RG DOE ATTN: MATTHEW A. FERRI 6001 N ADAMS RD, STE 135 BLOOMFIELD HILLS, MI 48304  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>UNKNOWN</b>

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.317</b>	<b>Nonpriority creditor's name and mailing address</b> LAW OFFICES OF BEREZNOFF & LITTLE RE: BROWN ATTN: GREGORY M. BEREZNOFF ATTN: RONDA M. LITTLE 2684 WEST ELEVEN MILE RD BERKLEY, MI 48072  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
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<b>3.318</b>	<b>Nonpriority creditor's name and mailing address</b> LAW OFFICES OF BEREZNOFF & LITTLE RE: PRESTON ATTN: GREGORY M. BEREZNOFF ATTN: RONDA M. LITTLE 2684 WEST ELEVEN MILE RD BERKLEY, MI 48072  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
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<b>3.319</b>	<b>Nonpriority creditor's name and mailing address</b> LAW OFFICES OF JARED S. RAPP PLLC RE: MB45 DOE ATTN: JARED S RAPP 4105 LAKERIDGE LN BLOOMFIELD HILLS, MI 48302  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
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<b>3.320</b>	<b>Nonpriority creditor's name and mailing address</b> LAW OFFICES OF JOHNSTON, SZTYKIEL, & HUNT, PC RE: NAGLE ATTN: JOSEPH N FRASER 3250 W BIG BEAVER RD, STE 500 TROY, MI 48084  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
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Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.321</b>	<b>Nonpriority creditor's name and mailing address</b> LAW OFFICES OF JOHNSTON, SZTYKIEL, & HUNT, PC RE: MORRIS ATTN: JOSEPH N FRASER 3250 W BIG BEAVER RD, STE 500 TROY, MI 48084	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>		
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.322</b>	<b>Nonpriority creditor's name and mailing address</b> LAW OFFICES OF JOHNSTON, SZTYKIEL, & HUNT, PC RE: WILLIAMS ATTN: JOSEPH N FRASER 3250 W BIG BEAVER RD, STE 500 TROY, MI 48084	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>		
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.323</b>	<b>Nonpriority creditor's name and mailing address</b> LAW OFFICES OF JOHNSTON, SZTYKIEL, & HUNT, PC RE: ZALENSKI ATTN: JOSEPH N FRASER 3250 W BIG BEAVER RD, STE 500 TROY, MI 48084	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>		
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.324</b>	<b>Nonpriority creditor's name and mailing address</b> LAZ PARKING LIMITED LLC 15 LEWIS STREET HARTFORD, CT 06103	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> MA20818108 10/14/2018	\$923.00
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>		
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.325** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$54.00**

LET IT SHINE PARENTS CLUB  
1892 GENERAL GEORGE PATTON DR.  
FRANKLIN, TN 37067

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**JOHNSON/HOLTZ REF  
10/5/2018

Last 4 digits of account number

**Is the claim subject to offset?**

☒ No  
☐ Yes

**3.326** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$123.14**

LEXISNEXIS  
28544 NETWORK PLACE  
CHICAGO, IL 60673-1285

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**3091787314  
11/30/2018

Last 4 digits of account number

**Is the claim subject to offset?**

☒ No  
☐ Yes

**3.327** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$15.88**

LEXISNEXIS  
28544 NETWORK PLACE  
CHICAGO, IL 60673-1285

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**3091833096-A  
12/31/2018

Last 4 digits of account number

**Is the claim subject to offset?**

☒ No  
☐ Yes

**3.328** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$150.00**

LIPSEY, AUGUSTA  
3705 MILLER ROAD  
KALAMAZOO, MI 49001

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**JCI 10/13 FACIL RENT  
10/13/2018

Last 4 digits of account number

**Is the claim subject to offset?**

☒ No  
☐ Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.329 Nonpriority creditor's name and mailing address**LIPTON LAW CENTER, PC  
RE: REHBERGER DOE ET AL.  
ATTN: MARC LIPTON  
ATTN: RONALD K. WEINER  
18930 W TEN MILE RD  
SOUTHFIELD, MI 48075

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.330 Nonpriority creditor's name and mailing address**LIPTON LAW CENTER, PC  
RE: AC DOE  
ATTN: MARC LIPTON  
ATTN: RONALD K. WEINER  
18930 W TEN MILE RD  
SOUTHFIELD, MI 48075

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.331 Nonpriority creditor's name and mailing address**LIU, JIAN  
ADDRESS REDACTED

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$350.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

L10 JR CAMP HONOR  
12/5/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.332 Nonpriority creditor's name and mailing address**LOCKETT, KILEY  
1702 TIMINGO GATE WAY  
OCEANSIDE, CA 92054

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$12.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

WCHAMPS EXPENSE  
11/6/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.333</b>	<b>Nonpriority creditor's name and mailing address</b> LOMAS, SUSAN K 513 GLEN GROVE LANE ORLANDO, FL 32839  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$65.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/2 HONOR/PD 12/2/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.334</b>	<b>Nonpriority creditor's name and mailing address</b> LOWELL, KRISTLE A. 14484 CREEKVIEW DR. ORLAND PARK, IL 60467-7151  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$12.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.335</b>	<b>Nonpriority creditor's name and mailing address</b> LUCARELLO, LEONARD 341 CYPRESS DRIVE MASTIC BEACH, NY 11951  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.336</b>	<b>Nonpriority creditor's name and mailing address</b> LUCAS, JOHN ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SR TM CAMP HONOR 12/19/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.337</b> Nonpriority creditor's name and mailing address LUNDY, ROBERT ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$350.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: L10 JR CAMP HONOR 12/5/2018 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.338</b> Nonpriority creditor's name and mailing address LUTSKA, BRANT 92 STATE ST. PERTH AMBOY, NJ 08861  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$6.70</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: JCI 11/29 EXPENSE 11/29/2018 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.339</b> Nonpriority creditor's name and mailing address LUTSKA, BRANT 92 STATE ST. PERTH AMBOY, NJ 08861  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$100.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: JCI 11/29 HONOR 11/29/2018 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.340</b> Nonpriority creditor's name and mailing address MACKINGA, KELLY 181 SOUTH MIRASOL WAY ATASCADERO, CA 93422  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$59.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ATH REFUND 10/12/2018 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.341** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$59.00**

MACKINGA, KELLY  
181 SOUTH MIRASOL WAY  
ATASCADERO, CA 93422

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**CXLD MEMBERSHIP  
9/13/2018

Last 4 digits of account number

**Is the claim subject to offset?**

☒ No  
☐ Yes

**3.342** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$4,935.27**

MAIN EVENT APPAREL  
6880 HILLSDALE COURT  
INDIANAPOLIS, IN 46250

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**142575  
10/12/2018

Last 4 digits of account number

**Is the claim subject to offset?**

☒ No  
☐ Yes

**3.343** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$2,787.06**

MAIN EVENT APPAREL  
6880 HILLSDALE COURT  
INDIANAPOLIS, IN 46250

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**142578  
10/12/2018

Last 4 digits of account number

**Is the claim subject to offset?**

☒ No  
☐ Yes

**3.344** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$563.75**

MAIN EVENT APPAREL  
6880 HILLSDALE COURT  
INDIANAPOLIS, IN 46250

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**143867  
10/31/2018

Last 4 digits of account number

**Is the claim subject to offset?**

☒ No  
☐ Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.345 Nonpriority creditor's name and mailing address**MAIN EVENT APPAREL  
6880 HILLSDALE COURT  
INDIANAPOLIS, IN 46250

As of the petition filing date, the claim is:

\$46.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**143873  
10/31/2018

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.346 Nonpriority creditor's name and mailing address**MAIN EVENT APPAREL  
6880 HILLSDALE COURT  
INDIANAPOLIS, IN 46250

As of the petition filing date, the claim is:

\$1,150.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**144447  
11/12/2018

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.347 Nonpriority creditor's name and mailing address**MAIN EVENT APPAREL  
6880 HILLSDALE COURT  
INDIANAPOLIS, IN 46250

As of the petition filing date, the claim is:

\$416.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**144610  
11/14/2018

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.348 Nonpriority creditor's name and mailing address**MAIN EVENT APPAREL  
6880 HILLSDALE COURT  
INDIANAPOLIS, IN 46250

As of the petition filing date, the claim is:

\$192.10

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**144611  
11/14/2018

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor Name **USA Gymnastics****190**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.349 Nonpriority creditor's name and mailing address**MAIN EVENT APPAREL  
6880 HILLSDALE COURT  
INDIANAPOLIS, IN 46250**As of the petition filing date, the claim is:****\$670.50**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**145480  
11/28/2018**Date or dates debt was incurred****Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.350 Nonpriority creditor's name and mailing address**MAIN EVENT APPAREL  
6880 HILLSDALE COURT  
INDIANAPOLIS, IN 46250**As of the petition filing date, the claim is:****\$670.50**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**145480  
11/28/2018**Date or dates debt was incurred****Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.351 Nonpriority creditor's name and mailing address**MAIN EVENT APPAREL  
6880 HILLSDALE COURT  
INDIANAPOLIS, IN 46250**As of the petition filing date, the claim is:****\$79.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**145504  
11/28/2018**Date or dates debt was incurred****Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.352 Nonpriority creditor's name and mailing address**MAIN EVENT APPAREL  
6880 HILLSDALE COURT  
INDIANAPOLIS, IN 46250**As of the petition filing date, the claim is:****\$79.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**145504  
11/28/2018**Date or dates debt was incurred****Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

Debtor Name **USA Gymnastics**

Case number (if known): **18-09108**

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.353 Nonpriority creditor's name and mailing address**

MANLY, STEWART & FINALDI  
RE: WIEBER  
ATTN: JOHN C. MANLY/VINCE W FINALDI  
ATTN: ALEX E CUNNY  
19100 VON KARMAN AVE , STE 800  
IRVINE, CA 92612

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.354 Nonpriority creditor's name and mailing address**

MANLY, STEWART & FINALDI  
RE: JANE DOE 0384  
ATTN: JOHN C. MANLY/VINCE W FINALDI  
ATTN: ALEX E CUNNY  
19100 VON KARMAN AVE, STE 800  
IRVINE, CA 92612

Date or dates debt was incurred

12/11/2018

Last 4 digits of account number  
0384

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.355 Nonpriority creditor's name and mailing address**

MANLY, STEWART & FINALDI  
RE: TIFFANY THOMAS LOPEZ  
ATTN: JOHN C. MANLY/VINCE W FINALDI  
ATTN: ALEX E CUNNY  
19100 VON KARMAN AVE , STE 800  
IRVINE, CA 92612

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.356 Nonpriority creditor's name and mailing address**

MANLY, STEWART & FINALDI  
RE: MARONEY  
ATTN: JOHN C. MANLY/VINCE W FINALDI  
ATTN: ALEX E CUNNY  
19100 VON KARMAN AVE , STE 800  
IRVINE, CA 92612

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes



Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.357 Nonpriority creditor's name and mailing address**

MANLY, STEWART & FINALDI  
RE: RAISMAN  
ATTN: JOHN C. MANLY/VINCE W FINALDI  
ATTN: ALEX E CUNNY  
19100 VON KARMAN AVE , STE 800  
IRVINE, CA 92612

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.358 Nonpriority creditor's name and mailing address**

MANLY, STEWART & FINALDI  
RE: DENHOLLANDER  
ATTN: JOHN C. MANLY/VINCE W FINALDI  
ATTN: ALEX E CUNNY  
19100 VON KARMAN AVE , STE 800  
IRVINE, CA 92612

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.359 Nonpriority creditor's name and mailing address**

MANLY, STEWART & FINALDI  
RE: DENHOLLANDER, ET AL.  
ATTN: JOHN C. MANLY/VINCE W FINALDI  
ATTN: ALEX E CUNNY  
19100 VON KARMAN AVE , STE 800  
IRVINE, CA 92612

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.360 Nonpriority creditor's name and mailing address**

MANLY, STEWART & FINALDI  
RE: JANE EL DOE  
ATTN: JOHN C. MANLY/VINCE W FINALDI  
ATTN: ALEX E CUNNY  
19100 VON KARMAN AVE , STE 800  
IRVINE, CA 92612

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.361</b>	<b>Nonpriority creditor's name and mailing address</b> MANLY, STEWART & FINALDI RE: JANE AJ DOE ATTN: JOHN C. MANLY/VINCE W FINALDI ATTN: ALEX E CUNNY 19100 VON KARMAN AVE , STE 800 IRVINE, CA 92612  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
<b>3.362</b>	<b>Nonpriority creditor's name and mailing address</b> MARA D.H.SMITH, GREAT PLAY ADDRESS REDACTED  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> RHY OPEN CAMP HONOR 12/7/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
<b>3.363</b>	<b>Nonpriority creditor's name and mailing address</b> MARKS, JACOB 1013 WEST 37TH STREET ERIE, PA 16509  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> OCT L/8-9 HONOR 10/22/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
<b>3.364</b>	<b>Nonpriority creditor's name and mailing address</b> MCARTHUR, SAMUEL THOMAS ADDRESS REDACTED  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> L10 JR CAMP HONOR 12/5/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.365** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$70.00**

MCCLURE, BRETT  
412 S NEVADA AVENUE  
#404  
COLORADO SPRINGS, CO 80903

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**WORLDS PER DIEM  
10/9/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.366** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$50.94**

MCDIARMID, PATRICIA  
2 CHRISTOPHER CIRCLE  
WILBRAHAM, MA 01095

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**JCI 12/1 EXPENSE  
12/1/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.367** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$65.00**

MCDIARMID, PATRICIA  
2 CHRISTOPHER CIRCLE  
WILBRAHAM, MA 01095

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**JCI 12/1 HONOR/PD  
12/1/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.368** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$62.01**

MCDONALD, LINDA  
2752 SHELLY LANE  
AURORA, IL 60504

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**JCI 12/3 EXPENSE  
12/3/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.369</b>	<b>Nonpriority creditor's name and mailing address</b> MCDONALD, LINDA 2752 SHELLY LANE AURORA, IL 60504	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/3 HONOR/PD 12/3/2018	\$115.00
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.370</b>	<b>Nonpriority creditor's name and mailing address</b> MCKEEN & ASSOCIATES, PC RE: EPPLE ET AL ATTN: BRIAN J. MCKEEN ATTN: STEVEN C. HURBIS 645 GRISWOLD ST, STE 4200 DETROIT, MI 48226	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.371</b>	<b>Nonpriority creditor's name and mailing address</b> MCKEEN & ASSOCIATES, PC RE: PAYNE, ET AL ATTN: BRIAN J. MCKEEN ATTN: STEVEN C. HURBIS 645 GRISWOLD ST, STE 4200 DETROIT, MI 48226	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.372</b>	<b>Nonpriority creditor's name and mailing address</b> MCNAMEE, TOM 3488 E LOREN VON DRIVE SALT LAKE CITY, UT 84124	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018	\$1,000.00
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.373</b>	<b>Nonpriority creditor's name and mailing address</b> MCVIGE, JEROMY 22 WYNGATE LN WILLIAMSVILLE, NY 14221  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$59.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT 10/15/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.374</b>	<b>Nonpriority creditor's name and mailing address</b> MEDEIROS, CYDNI 442 N 3836 E RIGBY, ID 83442  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$65.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/16 HONOR/PD 11/16/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.375</b>	<b>Nonpriority creditor's name and mailing address</b> MEEKER, BRIAN 2008 GIRARD AVE. S MINNEAPOLIS, MN 55405  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.376</b>	<b>Nonpriority creditor's name and mailing address</b> MELTON, SEAN ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$527.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DEC NT CAMP EXPENSE 12/13/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.377** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$1,000.00**  
 MELTON, SEAN  
 ADDRESS REDACTED

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

US CHAMPS PRIZE  
 10/10/2018

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.378** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$868.93**  
 MG ELITE  
 ADDRESS REDACTED

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

SEPT-NOV EXPENSE  
 11/4/2018

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.379** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$1,000.00**  
 MG ELITE  
 ADDRESS REDACTED

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

WORLD CLUB SUPPORT  
 11/13/2018

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.380** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$350.00**  
 MICROSULTING  
 4870 1/2 MCCONNELL AVE  
 LOS ANGELES, CA 90066

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

FSTARS HONOR  
 11/11/2018

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.381 Nonpriority creditor's name and mailing address**

MIKE MORSE LAW FIRM, PLLC  
RE: JANE M.P. DOE  
ATTN: JENNIFER G. DAMICO  
24901 NORTHWESTERN HWY, STE 700  
SOUTHFIELD, MI 48075

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.382 Nonpriority creditor's name and mailing address**

MIKE MORSE LAW FIRM, PLLC  
RE: HOVINGA  
ATTN: JENNIFER G. DAMICO  
24901 NORTHWESTERN HWY, STE 700  
SOUTHFIELD, MI 48075

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.383 Nonpriority creditor's name and mailing address**

MILLERS GYMNASICS ODESSA  
2911 E HWY 80  
ODESSA, TX 79762

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$59.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

DALY-CK OVERAGE  
11/20/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.384 Nonpriority creditor's name and mailing address**

MITZEL, ELIZABETH ANN  
2872 COAST CIRCLE  
#201  
HUNTINGTON BEACH, CA 92649

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$71.11

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

TOPS A CAMP EXPENSE  
12/11/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.385</b>	<b>Nonpriority creditor's name and mailing address</b> MITZEL, ELIZABETH ANN 2872 COAST CIRCLE #201 HUNTINGTON BEACH, CA 92649  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$1,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS A CAMP HONOR 12/11/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.386</b>	<b>Nonpriority creditor's name and mailing address</b> MONAHAN, SUSAN 6221 WESTGATE DRIVE #1004 ORLANDO, FL 32835  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$193.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/2 EXPENSE 12/2/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.387</b>	<b>Nonpriority creditor's name and mailing address</b> MONAHAN, SUSAN 6221 WESTGATE DRIVE #1004 ORLANDO, FL 32835  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$115.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/2 HONOR/PD 12/2/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.388</b>	<b>Nonpriority creditor's name and mailing address</b> MONMOUTH GYMNASTICS ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> GREAVES CHOREOGRAPHY 11/30/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

			Amount of claim
<b>3.389</b>	<b>Nonpriority creditor's name and mailing address</b> MONMOUTH GYMNASTICS ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> MCCUSKER CHOREOGRAPH 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
<b>3.390</b>	<b>Nonpriority creditor's name and mailing address</b> MOORE, TARYN LEIGH 3011 SAND DRIVE HUNSTVILLE, TX 77340  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLD EXP ADV DUE 12/7/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47.90</b>
<b>3.391</b>	<b>Nonpriority creditor's name and mailing address</b> MORANO, CINDY 6511 W. 59TH STREET CHICAGO, IL 60638  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV EXPENSE 11/18/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19.77</b>
<b>3.392</b>	<b>Nonpriority creditor's name and mailing address</b> MORANO, CINDY 6511 W. 59TH STREET CHICAGO, IL 60638  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV HONOR 11/18/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.393</b>	<b>Nonpriority creditor's name and mailing address</b> MORANO, CINDY 6511 W. 59TH STREET CHICAGO, IL 60638	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP-DEC4 12/20/2018	<b>\$1,000.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.394</b>	<b>Nonpriority creditor's name and mailing address</b> MORRIS, GLENN BATEMAN 1004 LAUREL COVE BUDA, TX 78610	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> L10 JR CAMP HONOR 12/5/2018	<b>\$350.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.395</b>	<b>Nonpriority creditor's name and mailing address</b> MURPHY & SPAGNUOLO, PC RE: HAGAMAN ATTN: RICHARD A. CASCARILLA/GARY L. BENDER 2123 UNIVERSITY PARK DR, STE 130 OKEMOS, MI 48864	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.396</b>	<b>Nonpriority creditor's name and mailing address</b> MURPHY & SPAGNUOLO, PC RE: JANE R6 DOE ET AL. ATTN: RICHARD A. CASCARILLA/GARY L. BENDER 2123 UNIVERSITY PARK DR, STE 130 OKEMOS, MI 48864	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**

Case number (if known): **18-09108**

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.397</b>	<b>Nonpriority creditor's name and mailing address</b> MURPHY & SPAGNUOLO, PC RE: DICKMAN ATTN: RICHARD A. CASCARILLA/GARY L. BENDER 2123 UNIVERSITY PARK DR, STE 130 OKEMOS, MI 48864  Date or dates debt was incurred  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  UNKNOWN
<b>3.398</b>	<b>Nonpriority creditor's name and mailing address</b> NATIONAL ACADEMY OF ARTISTIC GYMNASTICS ATTN: LINDA MULVIHILL 1205 OAK PATCH ROAD EUGENE, OR 97402  Date or dates debt was incurred  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> CK#13132 OVERPAYMENT 11/13/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$100.00
<b>3.399</b>	<b>Nonpriority creditor's name and mailing address</b> NATIONAL ASSOCIATION OF SPORTSCOMMISSIONS NASC 9916 CARVER ROAD SUITE 100 CINCINNATI, OH 45242  Date or dates debt was incurred  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DILLON/1856/USAG 12/1/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$100.00
<b>3.400</b>	<b>Nonpriority creditor's name and mailing address</b> NATIONAL CAR RENTAL PO BOX 402383 ATLANTA, GA 30384  Date or dates debt was incurred  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 19088124 10/29/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$627.73

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.401</b>	<b>Nonpriority creditor's name and mailing address</b> NATIONAL CAR RENTAL PO BOX 402383 ATLANTA, GA 30384	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 19245420 11/12/2018	<b>\$161.40</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.402</b>	<b>Nonpriority creditor's name and mailing address</b> NATIONAL CAR RENTAL PO BOX 402383 ATLANTA, GA 30384	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 19480800 12/3/2018	<b>\$533.72</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.403</b>	<b>Nonpriority creditor's name and mailing address</b> NATIONAL CAR RENTAL PO BOX 402383 ATLANTA, GA 30384	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 19554472-A 12/10/2018	<b>\$464.96</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.404</b>	<b>Nonpriority creditor's name and mailing address</b> NATIONAL TRAVEL SYSTEMS-CORPORATE OFFICE 4314 S. LOOP 289 SUITE 300 LUBBOCK, TX 79413	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLD/WAGC BAL DUE 12/4/2018	<b>\$45,645.03</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.405</b> Nonpriority creditor's name and mailing address NC DOE   Date or dates debt was incurred   Last 4 digits of account number	As of the petition filing date, the claim is: <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.406</b> Nonpriority creditor's name and mailing address NCSI - SPORTSENGINE PO BOX 74008982 CHICAGO, IL 60674  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$20.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 644907 11/1/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.407</b> Nonpriority creditor's name and mailing address NESBITT, ROBERT C. 17 RAVEN LANE ALISO VIEJO, CA 92656  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$500.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 2018 APP LEAD HONOR 12/4/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.408</b> Nonpriority creditor's name and mailing address NORTH START GYMNASTICS 723 BYRNE IND DRIVE ROCKFORD, MI 49341  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$24.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: JUDGE REQUEST REFUND 11/1/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.409</b> Nonpriority creditor's name and mailing address O'KEEFE LAW, PLLC RE: THE ESTATE OF MEGAN SIMON ATTN: PATRICK WILLIAM O'KEEFE 3893 OKEMOS RD, STE B1 OKEMOS, MI 48864  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.410</b> Nonpriority creditor's name and mailing address OBIANWU, MARTIN PO BOX 921 ROANOKE, TX 76262  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$57.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DUPL PAYMENT 10/10/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.411</b> Nonpriority creditor's name and mailing address OH, ALYSSA NICOLE ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$400.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OCT/NOV FUNDING 12/3/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.412</b> Nonpriority creditor's name and mailing address OH, ALYSSA NICOLE 819 WILD BERRY LANE ROCKLIN, CA 95765  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$12.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WCHAMPS EXPENSE 11/6/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.413** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$122.98**  
 OKINO-BENSON, ELIZABETH ANNA  
 ADDRESS REDACTED

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

NOV 2018 INV EXPENSE  
 11/18/2018

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.414** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$2,000.00**  
 OKINO-BENSON, ELIZABETH ANNA  
 ADDRESS REDACTED

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

NOV 2018 INV HONOR  
 11/18/2018

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.415** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$62.22**  
 OKINO-BENSON, ELIZABETH ANNA  
 ADDRESS REDACTED

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

OCT INV 2018 EXPENSE  
 10/25/2018

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.416** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$2,000.00**  
 OKINO-BENSON, ELIZABETH ANNA  
 ADDRESS REDACTED

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

OCT INV 2018 HONOR  
 10/25/2018

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.417 Nonpriority creditor's name and mailing address**

OLSMAN, MACKENZIE, PEACOCK & WALLACE, PC  
RE: KJ  
ATTN: DONNA M. MACKENZIE  
ATTN: EMILY G. THOMAS  
2684 WEST ELEVEN MILE RD  
BERKLEY, MI 48072

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.418 Nonpriority creditor's name and mailing address**

OLSMAN, MACKENZIE, PEACOCK & WALLACE, PC  
RE: JANE DOE ME  
ATTN: DONNA M. MACKENZIE  
ATTN: EMILY G. THOMAS  
2684 WEST ELEVEN MILE RD  
BERKLEY, MI 48072

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.419 Nonpriority creditor's name and mailing address**

OTTERSON, NICOLE  
27445 E. 160TH AVE.  
BRIGHTON, CO 80603

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$64.69

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

JCI 11/4 EXPENSE  
11/4/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.420 Nonpriority creditor's name and mailing address**

OTTERSON, NICOLE  
27445 E. 160TH AVE.  
BRIGHTON, CO 80603

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$100.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

JCI 11/4 HONOR  
11/4/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes



Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.421</b>	<b>Nonpriority creditor's name and mailing address</b> OTTERSON, NICOLE 27445 E. 160TH AVE. BRIGHTON, CO 80603	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/2 EXPENSE 12/2/2018	<b>\$24.27</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.422</b>	<b>Nonpriority creditor's name and mailing address</b> OTTERSON, NICOLE 27445 E. 160TH AVE. BRIGHTON, CO 80603	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/2 HONOR/PD 12/2/2018	<b>\$115.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.423</b>	<b>Nonpriority creditor's name and mailing address</b> PADILLA, RUBEN ALONZO 4654 MAMMOUTH LANE OAKLEY, CA 94561	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018	<b>\$12.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.424</b>	<b>Nonpriority creditor's name and mailing address</b> PALMA & PRINCE, PA RE: WILLIAM O. WEST ATTN: RUSSELL S PRINCE 8270 WOODLAND CENTER BLVD TAMPA, FL 33614	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.425</b>	<b>Nonpriority creditor's name and mailing address</b> PANICHAS, PATRICIA 9 SHERMAN LANE HAMDEN, CT 06514	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WMN WORLDS HONOR 11/4/2018	<b>\$1,000.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.426</b>	<b>Nonpriority creditor's name and mailing address</b> PANICHAS, PATRICIA 9 SHERMAN LANE HAMDEN, CT 06514	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLDS EXPENSE 11/4/2018	<b>\$328.11</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.427</b>	<b>Nonpriority creditor's name and mailing address</b> PANISH SHEA & BOYLE LLP RE: JORDAN SCHWIKERT-COBBS ATTN: KEVIN R. BOYLE ATTN: JESSE CREED 11111 SANTA MONICA BLVD, STE 700 LOS ANGELES, CA 90025	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.428</b>	<b>Nonpriority creditor's name and mailing address</b> PANISH SHEA & BOYLE LLP RE: JANE ED DOE ATTN: KEVIN R. BOYLE ATTN: JESSE CREED 11111 SANTA MONICA BLVD, STE 700 LOS ANGELES, CA 90025	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.429</b>	<b>Nonpriority creditor's name and mailing address</b> PANISH SHEA & BOYLE LLP RE: BAKER ATTN: KEVIN R. BOYLE ATTN: JESSE CREED 11111 SANTA MONICA BLVD, STE 700 LOS ANGELES, CA 90025  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
<b>3.430</b>	<b>Nonpriority creditor's name and mailing address</b> PEMBERTON, MATT 7131 SHADY HOLLOW RD CANTON, OH 44718  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPLICATE PAYMENT 10/1/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
<b>3.431</b>	<b>Nonpriority creditor's name and mailing address</b> PERSKAIA, TATIANA 7633 HAMELIN LANE GAINESVILLE, VA 20155  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> US CHAMPS EXPENSE 8/21/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.05
<b>3.432</b>	<b>Nonpriority creditor's name and mailing address</b> PERSKAIA, TATIANA 7633 HAMELIN LANE GAINESVILLE, VA 20155  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> US CHAMPS HONOR 8/21/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,375.00

Debtor Name **USA Gymnastics****190**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.433</b> Nonpriority creditor's name and mailing address PERSKAIA, TATIANA 7633 HAMELIN LANE GAINESVILLE, VA 20155  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$126.32</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: US CLASSIC EXPENSE 8/21/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.434</b> Nonpriority creditor's name and mailing address PERSKAIA, TATIANA 7633 HAMELIN LANE GAINESVILLE, VA 20155  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$1,350.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: US CLASSIC HONOR 8/21/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.435</b> Nonpriority creditor's name and mailing address PINNACLE SOLUTIONS INC 152 E WASHINGTON ST INDIANAPOLIS, IN 46204  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$2,100.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 395025489 12/5/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.436</b> Nonpriority creditor's name and mailing address PITT, MCGEHEE, PALMER & RIVERS, PC RE: DOES 1-21 ATTN: MICHAEL L. PITT/MEGAN A. BONANNI ATTN: BETH M. RIVERS/ROBIN B. WAGNER 117 W 4TH ST, STE 200 ROYAL OAK, MI 48067  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.437 Nonpriority creditor's name and mailing address**

PITT, MCGEHEE, PALMER & RIVERS, PC  
RE: DOE 01  
ATTN: MICHAEL L. PITT/MEGAN A. BONANNI  
ATTN: BETH M. RIVERS/ROBIN B. WAGNER  
117 W 4TH ST, STE 200  
ROYAL OAK, MI 48067

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.438 Nonpriority creditor's name and mailing address**

PITT, MCGEHEE, PALMER & RIVERS, PC  
RE: DOE 02  
ATTN: MICHAEL L. PITT/MEGAN A. BONANNI  
ATTN: BETH M. RIVERS/ROBIN B. WAGNER  
117 W 4TH ST, STE 200  
ROYAL OAK, MI 48067

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.439 Nonpriority creditor's name and mailing address**

PITT, MCGEHEE, PALMER & RIVERS, PC  
RE: DOE 03  
ATTN: MICHAEL L. PITT/MEGAN A. BONANNI  
ATTN: BETH M. RIVERS/ROBIN B. WAGNER  
117 W 4TH ST, STE 200  
ROYAL OAK, MI 48067

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.440 Nonpriority creditor's name and mailing address**

PITT, MCGEHEE, PALMER & RIVERS, PC  
RE: DOE 04  
ATTN: MICHAEL L. PITT/MEGAN A. BONANNI  
ATTN: BETH M. RIVERS/ROBIN B. WAGNER  
117 W 4TH ST, STE 200  
ROYAL OAK, MI 48067

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.441 Nonpriority creditor's name and mailing address**

PITT, MCGEHEE, PALMER & RIVERS, PC  
RE: DOE 05  
ATTN: MICHAEL L. PITT/MEGAN A. BONANNI  
ATTN: BETH M. RIVERS/ROBIN B. WAGNER  
117 W 4TH ST, STE 200  
ROYAL OAK, MI 48067

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.442 Nonpriority creditor's name and mailing address**

PITT, MCGEHEE, PALMER & RIVERS, PC  
RE: JANE DOE 01, A MINOR  
ATTN: MICHAEL L. PITT/MEGAN A. BONANNI  
ATTN: BETH M. RIVERS/ROBIN B. WAGNER  
117 W 4TH ST, STE 200  
ROYAL OAK, MI 48067

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.443 Nonpriority creditor's name and mailing address**

PITT, MCGEHEE, PALMER & RIVERS, PC  
RE: JANE DOE 03  
ATTN: MICHAEL L. PITT/MEGAN A. BONANNI  
ATTN: BETH M. RIVERS/ROBIN B. WAGNER  
117 W 4TH ST, STE 200  
ROYAL OAK, MI 48067

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.444 Nonpriority creditor's name and mailing address**

PITT, MCGEHEE, PALMER & RIVERS, PC  
RE: JANE DOE 04  
ATTN: MICHAEL L. PITT/MEGAN A. BONANNI  
ATTN: BETH M. RIVERS/ROBIN B. WAGNER  
117 W 4TH ST, STE 200  
ROYAL OAK, MI 48067

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.445 Nonpriority creditor's name and mailing address**

PITT, MCGEHEE, PALMER & RIVERS, PC  
 RE: JANE DOE 05  
 ATTN: MICHAEL L. PITT/MEGAN A. BONANNI  
 ATTN: BETH M. RIVERS/ROBIN B. WAGNER  
 117 W 4TH ST, STE 200  
 ROYAL OAK, MI 48067

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.446 Nonpriority creditor's name and mailing address**

PLETOVICH, DEVANY  
 17015 NICKLEEN STREET  
 ANCHORAGE, AK 99516

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$40.40

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

JCI 11/05 EXPENSE  
 11/5/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.447 Nonpriority creditor's name and mailing address**

PLEWS SHADLEY RACHER & BRAUN LLP  
 1346 N DELAWARE STREET  
 INDIANAPOLIS, IN 46202

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$6,479.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

241242  
 10/24/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.448 Nonpriority creditor's name and mailing address**

PLEWS SHADLEY RACHER & BRAUN LLP  
 1346 N DELAWARE STREET  
 INDIANAPOLIS, IN 46202

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$315.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

241243  
 10/24/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.449</b>	<b>Nonpriority creditor's name and mailing address</b> PLEWS SHADLEY RACHER & BRAUN LLP 1346 N DELAWARE STREET INDIANAPOLIS, IN 46202  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 241391 10/24/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87,880.36</b>
<b>3.450</b>	<b>Nonpriority creditor's name and mailing address</b> POLIAROUGH, DMITRI ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TT WORLDS EXPENSE 10/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38.31</b>
<b>3.451</b>	<b>Nonpriority creditor's name and mailing address</b> PORTER, ALICE ELIZABETH 3919 BERRY RIDGE DR HOLT, MI 48842  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 DEV EXPENSE 11/14/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36.48</b>
<b>3.452</b>	<b>Nonpriority creditor's name and mailing address</b> PORTER, ALICE ELIZABETH 3919 BERRY RIDGE DR HOLT, MI 48842  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 DEV HONOR 11/14/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>



Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.453** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$63.91

PORTER, ALICE ELIZABETH  
3919 BERRY RIDGE DR  
HOLT, MI 48842

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**NOV 2018 INV EXPENSE  
11/14/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.454** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$1,000.00

PORTER, ALICE ELIZABETH  
3919 BERRY RIDGE DR  
HOLT, MI 48842

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**NOV 2018 INV HONOR  
11/14/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.455** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$36.48

PORTER, ALICE ELIZABETH  
3919 BERRY RIDGE DR  
HOLT, MI 48842

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**TOPS CAMP DEC 4 EXP  
12/20/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.456** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$250.00

PORTER, ALICE ELIZABETH  
3919 BERRY RIDGE DR  
HOLT, MI 48842

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**TOPS CAMP THRU DEC 4  
12/20/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.457</b>	<b>Nonpriority creditor's name and mailing address</b> PORTER, JENNIFER LYNN 10604 BOSTON AVE LUBBOCK, TX 79423	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/20 EXPENSE 11/20/2018	<b>\$10.92</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.458</b>	<b>Nonpriority creditor's name and mailing address</b> PORTER, JENNIFER LYNN 10604 BOSTON AVE LUBBOCK, TX 79423	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/20 HONOR 11/20/2018	<b>\$50.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.459</b>	<b>Nonpriority creditor's name and mailing address</b> PORTILLO, JONATHAN MICHAEL 12609 ZUNI STREET #304 BROOMFIELD, CO 80020	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018	<b>\$500.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.460</b>	<b>Nonpriority creditor's name and mailing address</b> POSITIVE COACHING ALLIANCE 1001 N RENGSTORFF AVE SUITE 101 MOUNTAIN VIEW, CA 94043	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> INV-71352 8/1/2018	<b>\$1,750.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.461</b>	<b>Nonpriority creditor's name and mailing address</b> POWERS-BASINGER, LORI 677 PROVIDENCE AVE UNIT F COLUMBUS, OH 43214	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/11 EXPENSE 11/11/2018	<b>\$22.48</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.462</b>	<b>Nonpriority creditor's name and mailing address</b> POWERS-BASINGER, LORI 677 PROVIDENCE AVE UNIT F COLUMBUS, OH 43214	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/11 HONOR 11/11/2018	<b>\$100.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.463</b>	<b>Nonpriority creditor's name and mailing address</b> POWERS-BASINGER, LORI 677 PROVIDENCE AVE UNIT F COLUMBUS, OH 43214	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/29 EXPENSE 11/29/2018	<b>\$169.14</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.464</b>	<b>Nonpriority creditor's name and mailing address</b> POWERS-BASINGER, LORI 677 PROVIDENCE AVE UNIT F COLUMBUS, OH 43214	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/29 HONOR/PD 11/29/2018	<b>\$115.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.465</b> Nonpriority creditor's name and mailing address PROTRAININGS, LLC 6452 FULTON ST E SUITE 1 ADA, MI 49301  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$465.50</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 1203201818 12/3/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.466</b> Nonpriority creditor's name and mailing address RAGLE, SHEILA 1870 EAGLE SUMMIT COURT LAWRENCEVILLE, GA 30043  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$36.73</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: JCI 11/17 EXPENSE 11/17/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.467</b> Nonpriority creditor's name and mailing address RAGLE, SHEILA 1870 EAGLE SUMMIT COURT LAWRENCEVILLE, GA 30043  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$100.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: JCI 11/17 HONOR 11/17/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.468</b> Nonpriority creditor's name and mailing address RAINER, CHELSEA 27315 N 65TH LANE PHOENIX, AZ 85083  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$24.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WCHAMPS EXPENSE 11/6/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.469</b>	<b>Nonpriority creditor's name and mailing address</b> RAINER, TRAVIS MICHAEL ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> L10 JR CAMP HONOR 12/5/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.470</b>	<b>Nonpriority creditor's name and mailing address</b> RED LERILLE'S HEALTH & RACQUET CLUB 301 DOUCET ROAD LAFAYETTE, LA 70503  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$65.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DEC 66845R0B 11/23/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.471</b>	<b>Nonpriority creditor's name and mailing address</b> RED LERILLE'S HEALTH & RACQUET CLUB 301 DOUCET ROAD LAFAYETTE, LA 70503  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$63.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DEC 71540R0B 11/23/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.472</b>	<b>Nonpriority creditor's name and mailing address</b> RENKERT, ALEXANDER 17 W GATE STREET COLUMBUS, OH 43206  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$24.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.473</b>	<b>Nonpriority creditor's name and mailing address</b> RENOUD, ELIZABETH FRANCES 2525 BARRY ROAD ROAD #910 PEARLAND, TX 77581  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$60.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS 8/4 HONOR 8/4/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.474</b>	<b>Nonpriority creditor's name and mailing address</b> RESNICK, NEIL ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$1,575.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 DEV HONOR 11/13/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.475</b>	<b>Nonpriority creditor's name and mailing address</b> RICE, ANGEL 19 BUFORD VILLAGE WALK BUFORD, GA 30518  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$12.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.476</b>	<b>Nonpriority creditor's name and mailing address</b> RIZZOBRYAN, PC RE: MYERS ATTN: DEVIN R. DAY 220 LYON, NW, STE 200 GRAND RAPIDS, MI 49503  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> UNKNOWN <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.477</b>	<b>Nonpriority creditor's name and mailing address</b> ROBERTS, RYAN STEVEN 11426 CANETUCK LANE NORTHPORT, AL 35475	<b>As of the petition filing date, the claim is:</b>	<b>\$22.70</b>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> TOPS CAMP-DEC4 FUEL 12/20/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.478</b>	<b>Nonpriority creditor's name and mailing address</b> RODRIGUEZ, JOSEPH 22774 RENFORD ST NOVI, MI 48375	<b>As of the petition filing date, the claim is:</b>	<b>\$30.00</b>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> TOPS 8/3 HONOR 8/3/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.479</b>	<b>Nonpriority creditor's name and mailing address</b> ROETHLE, NICOLE 4512 W 73RD COURT MERRILLVILLE, IN 46410	<b>As of the petition filing date, the claim is:</b>	<b>\$270.00</b>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> TT JCI 11/17 HONOR 11/17/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.480</b>	<b>Nonpriority creditor's name and mailing address</b> ROGALS, MICHAEL 196 OLD MILITARY ROAD LAKE PLACID, NY 12946	<b>As of the petition filing date, the claim is:</b>	<b>\$50.40</b>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> WAGC CAMP HONOR 9/5/2018	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.481</b>	<b>Nonpriority creditor's name and mailing address</b> ROTH, MARY M 10707 DOWNING STREET CARMEL, IN 46033  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JUDGE ACCRED HONOR 12/6/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.482</b>	<b>Nonpriority creditor's name and mailing address</b> SABRINA VEGA  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> UNKNOWN <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.483</b>	<b>Nonpriority creditor's name and mailing address</b> SAMPSON, JENNIFER 543 HEINEL DRIVE ROSEVILLE, MN 55113  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$23.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 10/24 EXPENSE 10/24/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.484</b>	<b>Nonpriority creditor's name and mailing address</b> SAMPSON, JENNIFER 543 HEINEL DRIVE ROSEVILLE, MN 55113  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$115.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 10/24 HONOR/PD 10/24/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.485</b>	<b>Nonpriority creditor's name and mailing address</b> SAMPSON, JENNIFER 543 HEINEL DRIVE ROSEVILLE, MN 55113	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 9/9 EXPENSE 9/9/2018	<b>\$97.40</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.486</b>	<b>Nonpriority creditor's name and mailing address</b> SAMPSON, JENNIFER 543 HEINEL DRIVE ROSEVILLE, MN 55113	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 9/9 HONOR/PD 9/9/2018	<b>\$115.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.487</b>	<b>Nonpriority creditor's name and mailing address</b> SAMUELSON, JOSHUA 1131 SASCO HILL ROAD FAIRFIELD, CT 06824	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT 10/9/2018	<b>\$27.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.488</b>	<b>Nonpriority creditor's name and mailing address</b> SARGSYAN, PAVEL ADDRESS REDACTED	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> L10 JR CAMP HONOR 12/5/2018	<b>\$350.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.489** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$59.00**

SCARBERRY, KELLY  
953 REYNOLDS CIRCLE  
OREGON, OH 43616

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**DUPLICATE PAYMENT  
10/16/2018

Last 4 digits of account number

**Is the claim subject to offset?**

☒ No  
☐ Yes

**3.490** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$57.81**

SCHNELLER, CAROLYN LOUISE  
ADDRESS REDACTED

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**TOPS CAMP EXP  
12/20/2018

Last 4 digits of account number

**Is the claim subject to offset?**

☒ No  
☐ Yes

**3.491** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$250.00**

SCHNELLER, CAROLYN LOUISE  
ADDRESS REDACTED

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**TOPS CAMP THRU DEC 4  
12/20/2018

Last 4 digits of account number

**Is the claim subject to offset?**

☒ No  
☐ Yes

**3.492** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$500.00**

SCHOTT, DEAN  
317 61ST AVENUE  
GREELEY, CO 80634

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**2018 APP LEAD HONOR  
12/4/2018

Last 4 digits of account number

**Is the claim subject to offset?**

☒ No  
☐ Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.493</b>	<b>Nonpriority creditor's name and mailing address</b> SCHULTZ, GRETCHEN 247 DUNLEITH DR DESTREHAN, LA 70047  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$12.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.494</b>	<b>Nonpriority creditor's name and mailing address</b> SECURITY CONCEPTS GROUP 848 N RAINBOW BLVD #4852 LAS VEGAS, NV 89107  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$9,080.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 1028 11/19/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.495</b>	<b>Nonpriority creditor's name and mailing address</b> SECURITY CONCEPTS GROUP 848 N RAINBOW BLVD #4852 LAS VEGAS, NV 89107  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$4,720.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP THRU DEC 4 12/20/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.496</b>	<b>Nonpriority creditor's name and mailing address</b> SEIKALY STEWART & BENNETT, PC RE: A.G. AND A.W. DOES ET AL. ATTN: JEFFREY T. STEWART, TIFFANY R. ELLIS 30445 NORTHWESTERN HWY, STE 250 FARMINGTON HILLS, MI 48334  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> UNKNOWN <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

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**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.497</b>	<b>Nonpriority creditor's name and mailing address</b> SHADENKO, TATYANA ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$105.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV NT CAMP EXPENSE 11/28/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.498</b>	<b>Nonpriority creditor's name and mailing address</b> SHANE, KELLY 8416 SONOMA VALLEY DR NE ALBUQUERQUE, NM 87122  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$24.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 10/28 EXPENSE 10/28/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.499</b>	<b>Nonpriority creditor's name and mailing address</b> SHANE, KELLY 8416 SONOMA VALLEY DR NE ALBUQUERQUE, NM 87122  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 10/28 HONOR 10/28/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.500</b>	<b>Nonpriority creditor's name and mailing address</b> SHARIPOV, RUSTAM THE OHIO STATE UNIVERSITY 1160 STEELWOOD RD. COLUMBUS, OH 43212  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$6.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> COTTBUS EXPENSE 11/25/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

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**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.501</b>	<b>Nonpriority creditor's name and mailing address</b> SHARP ELECTRONICS CORPORATION DBA SHARP BUSINESS SYSTEMS DEPT. CH 14288 PALATINE, IL 60055-4288  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$113.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 9001516862 11/10/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.502</b>	<b>Nonpriority creditor's name and mailing address</b> SHAW, EVAN 1313 W SHANNON STREET CHANDLER, AZ 85224  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.503</b>	<b>Nonpriority creditor's name and mailing address</b> SHERMAN, MARK 5607 MERRIMAC AVE DALLAS, TX 75206  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.504</b>	<b>Nonpriority creditor's name and mailing address</b> SHERMAN, LAUREL 905 MT. ZOAR ELMIRA, NY 14904  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$136.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/16 EXPENSE 11/16/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.505</b>	<b>Nonpriority creditor's name and mailing address</b> SHERMAN, LAUREL 905 MT. ZOAR ELMIRA, NY 14904  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$115.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/16 HONOR/PD 11/16/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.506</b>	<b>Nonpriority creditor's name and mailing address</b> SHOSTAK, ALIAKSEI ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$149.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DEC TRAINING EXPENSE 12/7/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.507</b>	<b>Nonpriority creditor's name and mailing address</b> SHRADER, ALYSSA MICHELLE 1566 GARDEN VISTA GROVE COLORADO SPRINGS, CO 80904  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 111018-1 11/10/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.508</b>	<b>Nonpriority creditor's name and mailing address</b> SIMPSON, OLIVIA 3207 CR 7630 LUBBOCK, TX 79423  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$12.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WCHAMPS EXPENSE 11/6/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

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**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.509</b>	<b>Nonpriority creditor's name and mailing address</b> SINAS, DRAMIS, BRAKE, BOUGHTON , MCINTYRE, P.C. RE: JANE DOE 0224, ET AL. ATTN: JAMES F. GRAVES/JONATHON K. HOMA ATTN: JACQUELYN DUPLER 3380 PINE TREE RD LANSING, MI 48911  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b> 0224	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
<b>3.510</b>	<b>Nonpriority creditor's name and mailing address</b> SMITH, MARY 1704 WEST ACRES ROAD JOLIET, IL 60435  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPLICATE PAYMENT 11/2/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.00
<b>3.511</b>	<b>Nonpriority creditor's name and mailing address</b> SMITH, ROBIN 46 CHELMSWORTH BELLA VISTA, AR 72715  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV EXPENSE 11/18/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.20
<b>3.512</b>	<b>Nonpriority creditor's name and mailing address</b> SMITH, ROBIN 46 CHELMSWORTH BELLA VISTA, AR 72715  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV HON/PD 11/18/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,030.00

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.513 Nonpriority creditor's name and mailing address**SMITH, ROBIN  
46 CHELMSWORTH  
BELLA VISTA, AR 72715

As of the petition filing date, the claim is:

\$142.40

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**TOPS A 2018 EXP  
12/4/2018

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.514 Nonpriority creditor's name and mailing address**SMITH, ROBIN  
46 CHELMSWORTH  
BELLA VISTA, AR 72715

As of the petition filing date, the claim is:

\$1,030.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**TOPS A 2018 HON/PD  
12/4/2018

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.515 Nonpriority creditor's name and mailing address**SOMMERS SCHWARTZ, PC  
RE: MEALY, ET AL.  
ATTN: LISA M. ESSER  
1 TOWNE SQUARE, STE 1700  
SOUTHFIELD, MI 48076

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

LITIGATION

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.516 Nonpriority creditor's name and mailing address**SPENCER, BRIANNA LEIGH  
805 ELM HURST DRIVE  
PAPILLION, NE 68046

As of the petition filing date, the claim is:

\$14.26

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**JCI 11/7 EXPENSES  
11/7/2018

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes



Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.517</b>	<b>Nonpriority creditor's name and mailing address</b> SPENCER, BRIANNA LEIGH 805 ELM HURST DRIVE PAPILLION, NE 68046  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$50.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 11/7 HONOR 11/7/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.518</b>	<b>Nonpriority creditor's name and mailing address</b> SPORT GRAPHICS, INC. 3423 PARK DAVIS CIRCLE INDIANAPOLIS, IN 46235-2397  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$469.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 736999 R102 BOOKLETS 11/9/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.519</b>	<b>Nonpriority creditor's name and mailing address</b> SPORT GRAPHICS, INC. 3423 PARK DAVIS CIRCLE INDIANAPOLIS, IN 46235-2397  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$620.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 737216 S&R AP CHECKS 11/15/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.520</b>	<b>Nonpriority creditor's name and mailing address</b> SPORT GRAPHICS, INC. 3423 PARK DAVIS CIRCLE INDIANAPOLIS, IN 46235-2397  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$35,905.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 737268 MBSHP PRINT 11/19/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.521** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$1,854.00

SPORT GRAPHICS, INC.  
3423 PARK DAVIS CIRCLE  
INDIANAPOLIS, IN 46235-2397

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**737343 STATIONARY  
11/20/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.522** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$475.00

SPORT GRAPHICS, INC.  
3423 PARK DAVIS CIRCLE  
INDIANAPOLIS, IN 46235-2397

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**737537 BUSINES CARDS  
11/27/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.523** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$318.39

SPORT GRAPHICS, INC.  
3423 PARK DAVIS CIRCLE  
INDIANAPOLIS, IN 46235-2397

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**737754 MBR MAIL/PSTG  
11/30/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.524** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$1,078.00

SPORT GRAPHICS, INC.  
3423 PARK DAVIS CIRCLE  
INDIANAPOLIS, IN 46235-2397

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**737892 PODIUM STOR  
11/30/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.525** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$29,401.89**

SPORT GRAPHICS, INC.  
3423 PARK DAVIS CIRCLE  
INDIANAPOLIS, IN 46235-2397

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**737977 ATH CARD MAIL  
11/30/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.526** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$7,967.66**

SPORT GRAPHICS, INC.  
3423 PARK DAVIS CIRCLE  
INDIANAPOLIS, IN 46235-2397

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**738009 NOV FULFILL  
11/30/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.527** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$4,279.84**

SPORT GRAPHICS, INC.  
3423 PARK DAVIS CIRCLE  
INDIANAPOLIS, IN 46235-2397

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**739104-A DEC FULFILL  
12/31/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.528** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$710.39**

STAPLES BUSINESS CREDIT  
PO BOX 105638  
ATLANTA, GA 30348

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**1621925250  
11/25/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.529** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$339,999.96**

STEVE PENNEY  
11121 MIRADO LANE  
FISHERS, IN 46037

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**BALANCE OF SEVERANCE AGREEMENT  
12/1/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.530** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$12.00**

STEVENS, JESSICA  
4217 SOUTHFIELD ROAD  
ELLCOTT CITY, MD 21042

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**WCHAMPS EXPENSE  
11/6/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.531** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$1,884.26**

STREAMLINE PRODUCTS AND SERVICES LLC  
12420 SOUTHEASTERN AVE  
INDIANAPOLIS, IN 46259

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**536  
12/20/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

**3.532** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$3,000.00**

SUAREZ, CASIMIRO  
ADDRESS REDACTED

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

**Basis for the claim:**WORLD MAKING TEAM  
11/30/2018

Last 4 digits of account number

**Is the claim subject to offset?**☒ No  
☐ Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.533</b>	<b>Nonpriority creditor's name and mailing address</b> SUAREZ, CASIMIRO ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$90.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLDS EXPENSE 11/4/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.534</b>	<b>Nonpriority creditor's name and mailing address</b> SWENY, CAMERON 1200 CEDAR COVE ROYSE CITY, TX 75189  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 2018 APP LEAD HONOR 12/4/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.535</b>	<b>Nonpriority creditor's name and mailing address</b> TANGUAY, KELLY 82 WHEATHERSTONE PLACE LAKE OSWEGO, OR 97035  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$59.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT 10/11/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.536</b>	<b>Nonpriority creditor's name and mailing address</b> TEGMEYER, JENNA BRITTNEY ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$1,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRAIN CAMP HONOR 12/1/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.537</b>	<b>Nonpriority creditor's name and mailing address</b> THE ALEXANDER 333 SOUTH DELAWARE STREET INDIANAPOLIS, IN 46204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$8,025.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> UGYM001/NOV 11,18 11/14/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.538</b>	<b>Nonpriority creditor's name and mailing address</b> THE COLEMAN JUSTICE CENTER RE: JANE A DOE ET AL. ATTN: APRIL KREGER ATTN: JUDY C. COLEMAN 17286 FARMINGTON RD LIVONIA, MI 48152  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> UNKNOWN <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.539</b>	<b>Nonpriority creditor's name and mailing address</b> THE HYBRID PERSPECTIVE, LLC 32 BOW STREET BEVERLY, MA 01915  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 1006 9/10/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.540</b>	<b>Nonpriority creditor's name and mailing address</b> THE LAW OFC OF THOMAS M. JAMES, P.C. PO BOX 60506 COLORADO SPRINGS, CO 80960  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$1,418.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 12192 12/3/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.541</b>	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THE LAW OFC OF THOMAS M. JAMES, P.C. PO BOX 60506 COLORADO SPRINGS, CO 80960</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,718.75</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> NOVEMBER 2018 LEGAL 11/1/2018</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<b>3.542</b>	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THE LAW OFFICE OF ANTHONY M. SPAGNUOLO RE: ALLEN ATTN: ANTHONY M. SPAGNUOLO 808 W LAKE LANSING RD, STE 104 EAST LANSING, MI 48823</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> UNKNOWN</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> LITIGATION</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<b>3.543</b>	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THE LAW OFFICE OF ANTHONY M. SPAGNUOLO RE: CHAMPION ET AL. ATTN: ANTHONY M. SPAGNUOLO 808 W LAKE LANSING RD, STE 104 EAST LANSING, MI 48823</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> UNKNOWN</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> LITIGATION</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<b>3.544</b>	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THE LAW OFFICE OF WHITNEY D. ACKERMAN RE: ALL OLYMPIA GYMNASTIC CENTER INC., ET AL. ATTN: WHITNEY D. ACKERMAN, JONATHAN A. RAPEL 858 S BEDFORD ST, STE 301 LOS ANGELES, CA 90035</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> UNKNOWN</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> LITIGATION</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.545 Nonpriority creditor's name and mailing address**

THE MIKE COX LAW FIRM, PLLC  
RE: JANE K.K. DOE  
ATTN: MICHAEL A. COX  
ATTN: MELISSA WOJNAR-RAYCRAFT  
17430 LAUREL PARK DR N, STE 120E  
LIVONIA, MI 48152

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

UNKNOWN

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.546 Nonpriority creditor's name and mailing address**

TILL, KIMBERLY  
1965 BROADWAY  
#17A  
NEW YORK, NY 10023

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$863.10

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

BOD MEETING EXPENSE  
11/20/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.547 Nonpriority creditor's name and mailing address**

TRAMPOLINE AND TUMBLING EXPRESS  
PO BOX 82036  
LAFAYETTE, LA 70598

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$104.63

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

SHOSTAK TRAINING  
9/10/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.548 Nonpriority creditor's name and mailing address**

TRANS-EXPEDITE, INC  
PO BOX 679042  
DALLAS, TX 75267

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$1,081.58

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

IND 5696719 00  
8/22/2018

Is the claim subject to offset?

- ☒ No  
☐ Yes



Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.549</b>	<b>Nonpriority creditor's name and mailing address</b> TREVETHAN, DONNALYN 21195 E EASTMAN AVE AURORA, CO 80013	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/4 EXPENSE 12/4/2018	<b>\$2.05</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.550</b>	<b>Nonpriority creditor's name and mailing address</b> TREVETHAN, DONNALYN 21195 E EASTMAN AVE AURORA, CO 80013	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/4 HONOR/PD 12/4/2018	<b>\$65.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.551</b>	<b>Nonpriority creditor's name and mailing address</b> TRIVEDI, HEATHER 19 CHURCH TAVERN ROAD SOUTH SALEM, NY 10590	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPLICATE PAYMENT 10/1/2018	<b>\$59.00</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
<b>3.552</b>	<b>Nonpriority creditor's name and mailing address</b> TROXEL, TRACY 156 BLUE BIRD LANE GAYS MILLS, WI 54631	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS B 2018 EXP 12/4/2018	<b>\$281.33</b>
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.553</b>	<b>Nonpriority creditor's name and mailing address</b> UMPHREY, CHAINEY 1415 MELWOOD DR SAN JOE, CA 95054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$55.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS A/B EXPENSE 12/2/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.554</b>	<b>Nonpriority creditor's name and mailing address</b> UMPHREY, CHAINEY 1415 MELWOOD DR SAN JOE, CA 95054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$1,775.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS A/B HONOR/PD 12/2/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.555</b>	<b>Nonpriority creditor's name and mailing address</b> UNITED STATES OLYMPIC COMMITTEE ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$11,590.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> INV0022295 11/20/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.556</b>	<b>Nonpriority creditor's name and mailing address</b> UPS LOCKBOX 577 CAROL STREAM, IL 60132-0577  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$105.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 0000430224488 12/1/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.557</b>	<b>Nonpriority creditor's name and mailing address</b> UPS LOCKBOX 577 CAROL STREAM, IL 60132-0577  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$73.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 0000430224498 12/8/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.558</b>	<b>Nonpriority creditor's name and mailing address</b> VAN FAROWE, MARENE MARGARET 2792 24TH AVENUE HUDSONVILLE, MI 49426  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$295.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS CAMP THRU DEC 4 12/20/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.559</b>	<b>Nonpriority creditor's name and mailing address</b> VAN FAROWE, MARENE MARGARET 2792 24TH AVENUE HUDSONVILLE, MI 49426  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TOPS DEC 4 12/20/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.560</b>	<b>Nonpriority creditor's name and mailing address</b> VAN WICKLEN, COLIN 2900 OAK TREE AVE APT #7203 NORMAN, OK 73072  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$70.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLDS PER DIEM 10/9/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.561</b> Nonpriority creditor's name and mailing address VANDEVEER GARZIA, PC RE: DOES AC, BC ET AL. ATTN: DAVID Q. HOUBECK 840 W LONG LAKE RD, STE 600 TROY, MI 48098  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>UNKNOWN</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.562</b> Nonpriority creditor's name and mailing address VERNYI, IGOR ADDRESS REDACTED  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$700.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: L10 JR CAMP HONOR 12/5/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.563</b> Nonpriority creditor's name and mailing address WAINSCOTT, TABITHA 4509 CHERBOURG WAY PENSACOLA, FL 32505  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$59.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DUPL PAYMENT 10/10/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.564</b> Nonpriority creditor's name and mailing address WALLACE, MARILYN JOYCE 5705 SONOMA TRACE CANE RIDGE, TN 37013  Date or dates debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <b>\$131.76</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOV 2018 INV EXPENSE 11/18/2018  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

			Amount of claim
<b>3.565</b>	<b>Nonpriority creditor's name and mailing address</b> WALLACE, MARILYN JOYCE 5705 SONOMA TRACE CANE RIDGE, TN 37013  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> NOV 2018 INV HONOR 11/18/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
<b>3.566</b>	<b>Nonpriority creditor's name and mailing address</b> WEBSTER, CHEYENNE SARAH LEE 406 SUMMERLAND KEY LANE LAFAYETTE, LA 70508  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> AZE VISA EXPENSE 11/28/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12.00</b>
<b>3.567</b>	<b>Nonpriority creditor's name and mailing address</b> WENDY M. SCHILLER-NICHOLS RE: JANE NLF-1 DOE 3452 E LAKE LANSING RD EAST LANSING, MI 48823  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>UNKNOWN</b>
<b>3.568</b>	<b>Nonpriority creditor's name and mailing address</b> WENDY M. SCHILLER-NICHOLS RE: JANE NLF-2 DOE 3452 E LAKE LANSING RD EAST LANSING, MI 48823  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>UNKNOWN</b>

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.569</b>	<b>Nonpriority creditor's name and mailing address</b> WENDY M. SCHILLER-NICHOLS RE: JANE NLF-3 DOE 3452 E LAKE LANSING RD EAST LANSING, MI 48823	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.570</b>	<b>Nonpriority creditor's name and mailing address</b> WENDY M. SCHILLER-NICHOLS RE: NLF-4 DOE 3452 E LAKE LANSING RD EAST LANSING, MI 48823	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.571</b>	<b>Nonpriority creditor's name and mailing address</b> WHITE LAW PLLC RE: LEMKE, ET AL. ATTN: H. JAMES WHITE/ALEXANDER S RUSEK ATTN: BRITTANY M. NICHOL 2549 JOLLY RD, STE 340 OKEMOS, MI 48864	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.572</b>	<b>Nonpriority creditor's name and mailing address</b> WHITE, KEVIN 142 APPLE BLOSSOM DR. BRANDON, MS 39047	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> BOD MEETING EXPENSE 11/15/2018	<b>\$172.17</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

**3.573** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$60.00**  
WHITE, LLOYD DOUGLAS  
3317 FM 44E  
DEKALB, TX 75559

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**TOPS 7/21 HONOR  
7/21/2018

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.574** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$60.00**  
WHITE, LLOYD DOUGLAS  
3317 FM 44E  
DEKALB, TX 75559

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**TOPS 8/3 HONOR  
8/3/2018

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.575** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$60.00**  
WHITESELL, MCKENNA  
16079 FOX CHASE LANE  
CUPEPER, VA 22701

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**TOPS 8/5 HONOR  
8/5/2018

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**3.576** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$500.00**  
WIEGING, PETER  
6242 W KENT DRIVE  
CHANDLER, AZ 85226

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**2018 APP LEAD HONOR  
12/4/2018

Date or dates debt was incurred

Last 4 digits of account number

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.577</b>	<b>Nonpriority creditor's name and mailing address</b> WILKE FLEURY HOFFELT BIRNEY GOULD LLP 400 CAPITOL MALL 22ND FLOOR SACRAMENTO, CA 95814  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 151265 12/4/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
<b>3.578</b>	<b>Nonpriority creditor's name and mailing address</b> WILLIAMS, CAROL 14402 MODESTA SAN ANTONIO, TX 78247  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/2 EXPENSE 12/2/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$110.92</b>
<b>3.579</b>	<b>Nonpriority creditor's name and mailing address</b> WILLIAMS, CAROL 14402 MODESTA SAN ANTONIO, TX 78247  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> JCI 12/2 HONOR 12/2/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
<b>3.580</b>	<b>Nonpriority creditor's name and mailing address</b> WILLIAMS, MARK ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLD MAKING TEAM 11/30/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>



Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.581</b>	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WILLIAMS, MARK ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$3,000.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> WORLDS MAKING TEAM 11/30/2018</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<b>3.582</b>	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WILLIAMS, TANAYA 177 VIA HAVARRE MERRITT ISLAND, FL 32953</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$750.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> R102/103 11/03-4 HON 11/4/2018</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<b>3.583</b>	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WILLIAMS, TANAYA 177 VIA HAVARRE MERRITT ISLAND, FL 32953</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$168.02</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> R102/103 11/3-4 EXP 11/4/2018</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<b>3.584</b>	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WILLIS, BILLIE 222 NE ALPINE DR. PLAINVIEW, TX 79072</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$7.45</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TT JCI 10/6 EXPENSE 10/6/2018</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.585</b>	<b>Nonpriority creditor's name and mailing address</b> WILLIS, BILLIE 222 NE ALPINE DR. PLAINVIEW, TX 79072	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TT JCI 10/6 HONOR 10/6/2018	<b>\$390.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.586</b>	<b>Nonpriority creditor's name and mailing address</b> WIPFLI LLP 12359 SUNRISE VALLEY DRIVE SUITE 130 RESTON, VA 20191	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> INV11445 11/30/2018	<b>\$2,714.05</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.587</b>	<b>Nonpriority creditor's name and mailing address</b> WIPFLI LLP 12359 SUNRISE VALLEY DRIVE SUITE 130 RESTON, VA 20191	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> INV11656-B 12/31/2018	<b>\$174.51</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.588</b>	<b>Nonpriority creditor's name and mailing address</b> WISE COACHES INC 1312 CENTRAL COURT HERMITAGE, TN 37076	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> 26306 12/6/2018	<b>\$2,862.10</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **USA Gymnastics**

Case number (if known): **18-09108**

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.589</b>	<b>Nonpriority creditor's name and mailing address</b> WRIGHT, CASEY 1807 HOURGLASS DRIVE CARMEL, IN 46032  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$130.80</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> R5-2018 CONG EXPENSE 9/16/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.590</b>	<b>Nonpriority creditor's name and mailing address</b> WRIGHT, CASEY 1807 HOURGLASS DRIVE CARMEL, IN 46032  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$450.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> R5-2018 CONG HONOR 9/16/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.591</b>	<b>Nonpriority creditor's name and mailing address</b> WRIGHT, CASEY 1807 HOURGLASS DRIVE CARMEL, IN 46032  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$150.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SEPT BUSINESS ARTICL 10/12/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.592</b>	<b>Nonpriority creditor's name and mailing address</b> YANKOVA, SONYA 2754 WOODMERE DRIVE DARIEN, IL 60561  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <b>\$2,750.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SEPT/OCT CAMP HONOR 11/14/2018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
<b>3.593</b>	<b>Nonpriority creditor's name and mailing address</b> YODER, ALEC D 4540 DESANTIS COURT APT 305 COLUMBUS, OH 43214  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$821.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SEPT-DEC EXPENSE 12/4/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.594</b>	<b>Nonpriority creditor's name and mailing address</b> YODER, ALEC D 4540 DESANTIS COURT APT 305 COLUMBUS, OH 43214  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$70.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLDS PER DIEM 10/9/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.595</b>	<b>Nonpriority creditor's name and mailing address</b> ZAPATA, CESAR 1206 SW 46TH AVENUE DEERFIELD BEACH, FL 33442  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$59.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DUPL PAYMENT 11/2/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.596</b>	<b>Nonpriority creditor's name and mailing address</b> ZMESKAL-BURDETTE, KIM ADDRESS REDACTED  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> \$3,333.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WORLD OPGOLD/MTEAM 11/30/2018 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name USA Gymnastics

Case number (if known): 18-09108

**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

Amount of claim

Debtor Name **USA Gymnastics**

Case number (if known): **18-09108**

**Part 4:** **Total Amounts of the Priority and Nonpriority Unsecured Claims**

**5. Add the amounts of priority and nonpriority unsecured claims.**

**5a. Total claims from Part 1**

\$0.00

**5b. Total claims from Part 2**

\$1,647,152.91

**5c. Total claims of Parts 1 and 2**

Lines 5a + 5b = 5c

\$1,647,152.91

Debtor Name **USA Gymnastics**  
**United States Bankruptcy Court for the Southern District of Indiana**  
Case number (if known): **18-09108**

☐ Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

#### 1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT/AGREEMENT LICENSE AGREEMENT BUSINESS MANAGEMENT SUCCESS COURSE FOUNDATION SERIES	3RD LEVEL INC, DBA 3RD LEVEL CONSULTING ATTN: FRANK SAHLEIN 412 S 13TH ST, STE 412 BOISE, ID 83702
	State the term remaining	Unknown	
	List the contract number of any government contract	Not Available	
2.2	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT/AGREEMENT ATHLETE SUPPORT 2018 ROAD TO EXCELLENCE - TOKYO 2020	ALIAKSEI SHOSTACK ADDRESS REDACTED
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	
2.3	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT/AGREEMENT ATHLETE SUPPORT 2018 ROAD TO EXCELLENCE - TOKYO 2020	ALYSSA OH ADDRESS REDACTED
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	
2.4	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR INVESTIGATOR	AUSTRING INVESTIGATIONS LLC ATTN: NANCY AUSTRING P.O. BOX 961 GIG HARBOUR, WA 98335
	State the term remaining	Unknown	
	List the contract number of any government contract	Not Available	
2.5	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR ACROBATIC HIGH-PERFORMANCE ADMINISTRATOR	CARISSA LAUGHON ADDRESS REDACTED
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT SERVICE AGREEMENT MEDIA INFLUENCING AND SUPPORT</b>	<b>CISION US INC. ATTN: JOSH KOWALKOWSKI 1 PRUDENTIAL PLAZA, 7TH FL 130 E RANDOLPH ST CHICAGO, IL 60601</b>
	State the term remaining	10/31/2019	
	List the contract number of any government contract	Not Available	
2.7	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR ATHLETE CARE COORDINATOR</b>	<b>DAVID KRUSE ADDRESS REDACTED</b>
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	
2.8	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT SPONSORSHIP AGREEMENT</b>	<b>DEARY BROS. INC. DBA DEARY'S GYMNASTICS SUPPLY ATTN: JOHN DEARY, VICE PRESIDENT 17 LUCIENNE AVE DANIELSON, CT 06239</b>
	State the term remaining	12/31/2021	
	List the contract number of any government contract	Not Available	
2.9	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR JUNIOR OLYMPIC PROGRAM COORDINATOR</b>	<b>DUSTY RITTER ADDRESS REDACTED</b>
	State the term remaining	12/31/2019	
	List the contract number of any government contract	Not Available	
2.10	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR RHYTHMIC DEVELOPMENT COORDINATOR</b>	<b>ELENA SAVENKOVA ADDRESS REDACTED</b>
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	
2.11	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT SPONSORSHIP AGREEMENT</b>	<b>ELITE SPORTSWEAR, L.P. ATTN: CEO 2136 N 13TH ST. P.O. BOX 64000 READING, PA 19612</b>
	State the term remaining	12/31/2020	
	List the contract number of any government contract	Not Available	



Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.12	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT SAAS LMS AGREEMENT AND TALENTLMS PREMIUM UNLIMITED PLAN</b>	<b>EPIGNOSIS LLC ATTN: ATHANASIOS PAPANGELIS, CTO 315 MONTGOMERY ST, 8TH FL SAN FRANCISCO, CA 94104</b>
	State the term remaining List the contract number of any government contract	11/30/2019 Not Available	
2.13	State what the contract or lease is for and the nature of the debtor's interest	<b>AUTOMOBILE</b>	<b>EVEREST DENALI INSURANCE COMPANY 477 MARTINSVILLE RD P.O. BOX 830 LIBERTY CORNER, NJ 07938-0830</b>
	State the term remaining List the contract number of any government contract		
2.14	State what the contract or lease is for and the nature of the debtor's interest	<b>SEXUAL ABUSE &amp; MOLESTATION POLICY</b>	<b>EVEREST DENALI INSURANCE COMPANY 477 MARTINSVILLE RD P.O. BOX 830 LIBERTY CORNER, NJ 07938-0830</b>
	State the term remaining List the contract number of any government contract		
2.15	State what the contract or lease is for and the nature of the debtor's interest	<b>GENERAL LIABILITY</b>	<b>EVEREST DENALI INSURANCE COMPANY 477 MARTINSVILLE RD P.O. BOX 830 LIBERTY CORNER, NJ 07938-0830</b>
	State the term remaining List the contract number of any government contract		
2.16	State what the contract or lease is for and the nature of the debtor's interest	<b>EXCESS LIABILITY</b>	<b>EVEREST DENALI INSURANCE COMPANY 477 MARTINSVILLE RD P.O. BOX 830 LIBERTY CORNER, NJ 07938-0830</b>
	State the term remaining List the contract number of any government contract		
2.17	State what the contract or lease is for and the nature of the debtor's interest	<b>D&amp;O EXCESS LIABILITY</b>	<b>EVEREST DENALI INSURANCE COMPANY 477 MARTINSVILLE RD P.O. BOX 830 LIBERTY CORNER, NJ 07938-0830</b>
	State the term remaining List the contract number of any government contract		

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.18	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT COMMERCIAL LEASE</b>	<b>EVO ATHLETICS ATTN: AIMEE BOORMAN 7188 EAST 15TH ST, UNIT 2 SARASOTA, FL 34243</b>
	State the term remaining	Unknown	
	List the contract number of any government contract	Not Available	
2.19	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR INVESTIGATOR</b>	<b>GEORGIANNA ARAGON 820 VIA ELEGANTE NW ALBUQUERQUE, NM 87113</b>
	State the term remaining	Unknown	
	List the contract number of any government contract	Not Available	
2.20	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT LICENSE AGREEMENT PALM BEACH CONVENTION CENTER 2019 USA GYMNASTICS T&amp;T STARS &amp; STRIPES CHAMPIONSHIPS</b>	<b>GLOBAL SPECTRUM LP DBA SPECTRA VENUE MANAGEMENT PALM BEACH COUNTY CONV CTR ATTN: GENERAL MANAGER 650 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33401</b>
	State the term remaining	07/21/2019	
	List the contract number of any government contract	Not Available	
2.21	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT LICENSE AGREEMENT YOUTUBE PARTNER PROGRAM</b>	<b>GOOGLE INC. 1600 AMPHITHEATER PARKWAY MOUNTAIN VIEW, CA 94043</b>
	State the term remaining		
	List the contract number of any government contract		
2.22	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR CONGRESS AND EDUCATIONAL ARCHITECT</b>	<b>GYM FUN MANAGEMENT LLC ATTN: CHERYL JARRETT 110 N IH 35, STE 315 P.O. BOX 333 ROUND ROCK, TX 78681</b>
	State the term remaining	10/07/2019	
	List the contract number of any government contract	Not Available	
2.23	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT DOCUMENT STORAGE</b>	<b>IRON MOUNTAIN 1000 CAMPUS DR COLLEGEVILLE, PA 19426</b>
	State the term remaining	Unknown	
	List the contract number of any government contract	Not Available	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.24	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT ATHLETE SUPPORT 2018 ROAD TO EXCELLENCE - TOKYO 2020</b>	<b>ISAAC ROWLEY ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	12/31/2018 Not Available	
2.25	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT ATHLETE SUPPORT 2018 ROAD TO EXCELLENCE - TOKYO 2020</b>	<b>JEFFREY GLUCKSTEIN ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	12/31/2018 Not Available	
2.26	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR CONSULTANT FOR THE SAFE SPORT DEPARTMENT OF USA GYMNASTICS</b>	<b>JENNIFER L. SEEBER ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	02/21/2018 Not Available	
2.27	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT ATHLETE SUPPORT 2018 ROAD TO EXCELLENCE - TOKYO 2020</b>	<b>JESSICA STEVENS ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	12/31/2018 Not Available	
2.28	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR TRAMPOLINE DEVELOPMENT CENTERS' COORDINATOR</b>	<b>JOYANNE UMENHOFER ADDRESS REDACTED</b>
	State the term remaining List the contract number of any government contract	12/31/2018 Not Available	
2.29	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT SPONSORSHIP AGREEMENT</b>	<b>KINESIO HOLDING CORPORATION ATTN: ELISE KASE - VICE PRESIDENT 4001 MASTHEAD ST., NE ALBUQUERQUE, NM 87109</b>
	State the term remaining List the contract number of any government contract	12/31/2020 Not Available	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.30	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR NATIONAL COACHING STAFF DISCIPLINE/DEPARTMENT: RHYTHMIC</b>	<b>LANA LASHOFF ADDRESS REDACTED</b>
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	
2.31	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR TECHNICAL DIRECTOR OF GYMNASTICS</b>	<b>LORI LAZNOVSKY ADDRESS REDACTED</b>
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	
2.32	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT PRODUCT LEASE AGREEMENT WITH METER RENTAL AGREEMENT</b>	<b>MAILFINANCE, A NEOPOST USA COMPANY 478 WHEELERS FARMS RD MILFORD, CT 06461</b>
	State the term remaining	02/13/2023	
	List the contract number of any government contract	Not Available	
2.33	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR MEMBER OF THE NATIONAL COACHING STAFF</b>	<b>MARGARITA MAMZINA ADDRESS REDACTED</b>
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	
2.34	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT SERVICE AGREEMENT SOFTWARE FOR TRACKING STUDENT CONDUCT</b>	<b>MAXIENT LLC P.O. BOX 7224 CHARLOTTESVILLE, VA 22906</b>
	State the term remaining	04/30/2021	
	List the contract number of any government contract	Not Available	
2.35	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT FULL SERVICE DATA ACCESS</b>	<b>NATIONAL CENTER FOR SAFETY INITIATIVES, LLC ATTN: TRISH MCGONNELL, EXEC DIR 21403 CHAGRIN BLVD, STE 200 BEACHWOOD, OH 44122-5357</b>
	State the term remaining	Unknown	
	List the contract number of any government contract	Not Available	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.36	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT FULL SERVICE DATA ACCESS FIRST AMENDMENT</b>	<b>NATIONAL CENTER FOR SAFETY INITIATIVES, LLC ATTN: TRISH MCGONNELL, EXEC DIR 21403 CHAGRIN BLVD, STE 200 BEACHWOOD, OH 44122-5357</b>
	State the term remaining	Unknown	
	List the contract number of any government contract	Not Available	
2.37	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT FULL SERVICE DATA ACCESS SECOND AMENDMENT</b>	<b>NATIONAL CENTER FOR SAFETY INITIATIVES, LLC ATTN: TRISH MCGONNELL, EXEC DIR 21403 CHAGRIN BLVD, STE 200 BEACHWOOD, OH 44122-5357</b>
	State the term remaining	Unknown	
	List the contract number of any government contract	Not Available	
2.38	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT FULL SERVICE DATA ACCESS DETERMINING SHARING ADDENDUM</b>	<b>NATIONAL CENTER FOR SAFETY INITIATIVES, LLC ATTN: TRISH MCGONNELL, EXEC DIR 21403 CHAGRIN BLVD, STE 200 BEACHWOOD, OH 44122-5357</b>
	State the term remaining	Unknown	
	List the contract number of any government contract	Not Available	
2.39	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT ATHLETE SUPPORT 2018 ROAD TO EXCELLENCE - TOKYO 2020</b>	<b>NICOLE AHSINGER ADDRESS REDACTED</b>
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	
2.40	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR NATIONAL TRAMPOLINE HEAD COACH</b>	<b>NUNO MERINO ADDRESS REDACTED</b>
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	
2.41	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR USA GYMNASTICS TECHNICAL COORDINATOR AND CONTRACTOR</b>	<b>PATTI CONNER ADDRESS REDACTED</b>
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.42	State what the contract or lease is for and the nature of the debtor's interest	REAL PROPERTY LEASE	PERENNIAL INVESTMENTS AND ADVISORS, LLC ATTN: JEFFREY D. ECHT 125 REVERE DR NORTHBROOK, IL 60062
	State the term remaining List the contract number of any government contract	Not Available	
2.43	State what the contract or lease is for and the nature of the debtor's interest	REAL PROPERTY LEASE	PERENNIAL INVESTMENTS AND ADVISORS, LLC ATTN: CHRIS AYRES P.O. BOX 4403 INDIANAPOLIS, IN 46244-0043
	State the term remaining List the contract number of any government contract	Not Available	
2.44	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT/AGREEMENT VISA COMMERCIAL CARD AGREEMENT	PNC BANK, NATIONAL ASSOCIATION TREASURY MANAGEMENT FIRSTSIDE CENTER, 500 FIRST AVENUE ATTN: COMMERCIAL CARD OPERATIONS MAILSTOP: P7-PFSC-03-D PITTSBURGH, PA 15219
	State the term remaining List the contract number of any government contract	Not Available	
2.45	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT/AGREEMENT VISA COMMERCIAL CARD AGREEMENT	PNC BANK, NATIONAL ASSOCIATION ATTN: CHIEF COUNSEL, COMMERCIAL BANKING GROUP 1600 MARKET STREET, 28TH FLOOR PHILADELPHIA, PA 19103
	State the term remaining List the contract number of any government contract	Not Available	
2.46	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT/AGREEMENT OFFICIAL AGREEMENT ONLINE COURSES AND WORKSHOPS FOR COACHES	POSITIVE COACHING ALLIANCE ATTN: JASON SACKS 1001 RENGSTORFF AVE, #101 MOUNTAIN VIEW, CA 94043
	State the term remaining List the contract number of any government contract	12/31/2018 Not Available	
2.47	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT/AGREEMENT RESELLER/AFFILIATE AGREEMENT FIRST AID TRAINING COURSES	PRO TRAININGS LLC 6452 E FULTON ST. #1 ADA, MI 49301
	State the term remaining List the contract number of any government contract	Unknown Not Available	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.48	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT LICENSE AGREEMENT RHODE ISLAND CONVENTION CENTER MEETING SPACE</b>	<b>RHODE ISLAND CONVENTION CENTER SMG, LICENSOR ATTN: JOHN J. MCGINN, SR. DIRECTOR ONE SABIN ST. PROVIDENCE, RI 02903</b>
	State the term remaining	08/04/2019	
	List the contract number of any government contract	Not Available	
2.49	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR AUDITOR / MEMBER OF PRESIDENTIAL COMMISSION FOR THE FIG</b>	<b>RON FROELICH ADDRESS REDACTED</b>
	State the term remaining	12/31/2020	
	List the contract number of any government contract	Not Available	
2.50	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR CONSULTANT FOR THE SAFE SPORT DEPARTMENT OF USA GYMNASTICS</b>	<b>SHANNON MEARS ADDRESS REDACTED</b>
	State the term remaining	05/23/2018	
	List the contract number of any government contract	Not Available	
2.51	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT VALUE LEASE AGREEMENT SHARP MX-6070V AND (2) SHARP MX-3570</b>	<b>SHARP ELECTRONICS CORPORATION DBA SHARP BUSINESS SYSTEMS 7330 E 86TH ST. INDIANAPOLIS, IN 46256</b>
	State the term remaining	05/30/2023	
	List the contract number of any government contract	Not Available	
2.52	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR JUNIOR NATIONAL TRAMPOLINE HEAD COACH</b>	<b>STEVEN GLUCKSTEIN ADDRESS REDACTED</b>
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	
2.53	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT FIG STIPEND MEMBER OF TECHNICAL COMMITTEE</b>	<b>TATIANA PERSKAIA ADDRESS REDACTED</b>
	State the term remaining	12/31/2020	
	List the contract number of any government contract	Not Available	

Debtor Name **USA Gymnastics**Case number (if known): **18-09108****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.54	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT INDEPENDENT CONTRACTOR HIGH PERFORMANCE TEAM COORDINATOR WOMENS' PROGRAM OF USA GYMNASTICS</b>	<b>THOMAS FORSTER ADDRESS REDACTED</b>
	State the term remaining	12/31/2020	
	List the contract number of any government contract	Not Available	
2.55	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT GROUP ROOM CONTRACT ATHLETIC CAMP OVERNIGHT ROOM BOOKINGS X 4</b>	<b>VINAYAK PROPERTIES LLC DBA HOLIDAY INN SARASOTA-AIRPORT 8009 15TH ST E SARASOTA, FL 34243</b>
	State the term remaining	11/30/2018	
	List the contract number of any government contract	Not Available	
2.56	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT GROUP ROOM CONTRACT ATHLETIC CAMP OVERNIGHT ROOM BOOKINGS X 10</b>	<b>VINAYAK PROPERTIES LLC DBA HOLIDAY INN SARASOTA-AIRPORT 8009 15TH ST E SARASOTA, FL 34243</b>
	State the term remaining	11/30/2019	
	List the contract number of any government contract	Not Available	
2.57	State what the contract or lease is for and the nature of the debtor's interest	<b>CONTRACT/AGREEMENT EMPLOYMENT AGREEMENT LEGAL SERVICES/NATIONAL LEGISLATIVE ADVOCACY PROGRAM</b>	<b>WILKE, FLEURY, HOFFELT, GOULD &amp; BIRNEY, LLP ATTN: JOHN R. VALENICA 400 CAPITOL MALL SACRAMENTO, CA 95814</b>
	State the term remaining	12/31/2018	
	List the contract number of any government contract	Not Available	



Debtor Name **USA Gymnastics**

**United States Bankruptcy Court for the Southern District of Indiana**

Case number (if known): **18-09108**

☐ Check if this is an amended filing

**Official Form 206H**

**Schedule H: Codebtors**

**12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any codebtors?**

☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes.

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

**Column 1: Codebtor**

**Column 2: Creditor**

**Name**

**Mailing Address**

**Name**

**Check all schedules that apply**

**NONE**

Debtor Name USA Gymnastics  
United States Bankruptcy Court for the Southern District of Indiana  
Case Number: 18-09108

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING - Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets- Real and Personal Property* (Official Form 206 A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206 D)
- ☒ *Schedule E/F: Creditors Who Have Claims Unsecured Claims* (Official Form 206 E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206 G)
- ☒ *Schedule H: Codebtors* (Official Form 206 H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ *Other document that requires a declaration*

I, the Chief Financial Officer of the USA Gymnastics, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 190 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Executed on: 1/18/2019  
MM / DD / YYYY

Signature /s/James Scott Shollenbarger

James Scott Shollenbarger

Printed Name

Chief Financial Officer

Title